A BODY-CHANGING EVENT? EXPLORING FIRST-TIME MOTHERS' EMBODIED EXPERIENCES IN THE POST-NATAL PERIOD: A HERMENEUTIC-PHENOMENOLOGICAL STUDY (within a small Island community)

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by

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Contents

ABSTRACT

This research set out to phenomenologically explore new mothers' post-natal embodied experiences. The objective of the study was to interview, in a loosely structured way, six first-time mothers, all with babies between the ages of six and twelve months, in order to obtain rich, descriptive material surrounding their experiences of their bodies during pregnancy, childbirth and in the post-natal period. The aim was to provide an interpretive analysis of the data in such a way that would bring new mothers' embodied experiences to the fore, illuminate the corporeal dimensions of maternity and evoke in the reader a fresh understanding of what it is like to be in a body that has just given birth. Using van Manen's (1990) hermeneutic approach, the data was rigorously analysed and four main themes came to light: (1) *Loss of corporeal autonomy,* (2) *Becoming an Other*, (3) *Bodily dis-ease: pain, dissociation and betrayal*, and (4) *Being-against-time: an unnatural bodily rhythm.* What emerged from these findings was the fleshy nature of identity, the interplay between bodies and selves and the capacity for maternity to both make and break (perceived) notions of selfhood. Uncovered were undercurrents of shame and humiliation rooted in maternal experiences of corporeal disintegration, manipulation and violation. Post-natal embodiment emerged as the experience of disruption, displacement and alienation which was not only physical, but emotional and psychological. Inherent in this was a new mother's sense of ontological security which was threatened by the experience of being (in) a body in flux. The findings therefore highlight the inextricable link between mind and body, thought and emotion, reason and flesh and showcase the importance of incorporating existential understandings of the body into psychotherapeutic practices that aim to support women who have just given birth.

STATEMENT

I, Elsa Julie McCarthy, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

This research was accepted and approved by the Middlesex University Ethics Committee in March 2014.

ADVISORY NOTE

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Summary of the work based doctorate programme

Module	Title	Credits and level	RAL claim	Pass / submitted
SPL4301	Theory & Practice 1	40 at level 4		
SPL4305	Research Methods 1	20 at level 4		
SPL4306	Review of Learning	20 at level 4		
SPL4302	Theory & Practice 2	40 at level 4		
SPL4311	Research Methods 2	20 at level 4		
SPL4312	Programme Planning	40 at level 4		
	Total credits at level 4	**180**		
SPL5815	Theory & Practice 3	40 at level 5		
SPL5819	Research Methods 3	20 at level 5		

SPL5820	Case Study	40 at level 5		
SPL5826	Part 1 Research Project	80 at level 5		
SPL5816	Theory & Practice 4	40 at level 5		
SPL5825	Leadership Training Project	40 at level 5		
SPL5826	Research Project	100 at level 5		
	Total credits at level 5	**360**		

CHAPTER 1

Background

O friend, understand: the body
Is like an ocean,
Rich with hidden treasures.
Open your inmost chamber and light its lamp.

(Mirabai, 1498-1546)

This chapter is in two sections: The first, ***Introduction and research question*****,** opens with an overview of my own understanding of, and relationship to, the phenomenon of embodiment and offers personal insights into the centrality of embodied experiences in the creation of notions of 'selfhood'. I explain my interest in the topic and the experiences that underpin my gravitation towards it as well as my rationale for choosing it as a subject for phenomenological investigation. The second section ***Potential contributions to the field of psychology and psychotherapy*** suggests ways in which the findings from this study - albeit tentative - may inform, enhance and further understanding within field of existential-phenomenological counselling psychology and psychotherapy.

1.1 Introduction and Research Question

Since starting a strong and regular yoga practice almost two decades ago, I have developed an appreciation of what Siva Rea (1977) calls 'interior awareness', or 'kinaesthetic consciousness' and an interest in the concept of 'tacit knowing' (Polyani, 1969), believing that if we curtail the tacit, we limit the possibilities of knowing. It is therefore my own personal view that the source of the self is not to be found in the world through knowledge seeking, theorising and thinking, but through communion with and understanding the body.

Through empirically investigating, rather than conceptualising, how all the dimensions of the self - emotional, physical, cognitive, psychological, energetic - are present and interconnected, the body is experienced as the living, thinking, moving, breathing, sensing and expressive core of our being (Rea, 1977). The phenomenon of embodiment is therefore not only a 'state', but also the process of getting there. In paying attention to our bodies it is possible to illuminate our understanding, not only of how we are in the world, but who we are. The phenomenon of embodiment is, therefore, of fundamental significance in learning about relationships, both to self and the world.

Unsurprisingly, the uniquely female and corporeal experience of pregnancy and childbirth was of particular interest to me and personal experience and academic pursuit being closely linked, inaugurated my initial research into the literature on female embodied experience, steering the way forward for this research study. Being a mother of three, I had experienced differing reactions to childbirth and to my post-natal body, ranging from feelings of almost Amazonian strength, power and beauty to feelings of being irreparably broken, damaged and disempowered. Both experiences were profound and both had far-reaching effects on my emotional life at the time. Both polarities of experience affected my relationships with my self, my significant others, and my social world. I understood directly that childbirth is not a one-size-fits-all event, but that each separate experience is completely unique and that the body that remains does not conform to a 'post-natal body template', but has to be rediscovered and reintegrated into your identity each time. I was struck by the unpredictability, the unknowability of this transition and the way in which I felt at the mercy of its emerging process in determining my physical, psychological and emotional well-being. I also came to understand that, culturally, there was an assumed 'right' and a 'wrong' way for a post-natal body to look and behave and this piqued my interest in the social dimensions of female embodied experience. Many conversations with fellow new mothers in the nursing rooms and at playgroups gave me the opportunity to witness first-hand the stories of women in the throes of renegotiating, not only their bodies, but their very selves. This galvanised my resolve that their voices be heard and their stories told in such a way that the nuances of their seemingly mundane, run-of-the-mill, daily

embodied struggles and triumphs be captured and allowed to speak for themselves.

Whilst researching, I discovered that the topic of childbirth is a much discussed, researched and written about event. Unquestionably, it is an important life event for women, memories of which may stay with them forever. But not only is it a life-changing event it is also a body-changing event - possibly the most immeasurably complex interplay of every dimension of female existence: biological, physiological, psychological and emotional.

Despite this complexity, in an attempt to understand the workings of 'the mind', the field of psychology has veered towards privileging higher order mental processes (such as language and cognition) over emotion and somatic experience (Damasio, 1999). Similarly, psychotherapeutic interventions have sought to make sense of cognitive experiences as they are expressed through language, as instigated by Breuer whose work with Anna O. emphasised recollection and narration. What was left out of this 'talking cure' however was, until relatively recently, attention to the body (Ogden, Minton and Pain, 2006). The academic study of the body has since risen to the fore (Petersen, 2007; Shilling 1993), with theories of embodiment spanning the fields of psychology, psychotherapy, social sciences and, more recently, midwifery.

This being a hermeneutic-phenomenological study, the research draws on existential-phenomenological theories of embodiment (the process or state of living in the body) wherein the body and the mind are viewed as inextricably linked. The research is therefore firmly grounded in an acceptance of the 'primacy of the body' (Nietzsche, 1961[1883]) and in an understanding of the body as representing, not only our unique way of being-in-the-world, but also as determining our own particular way of perceiving the world. (Heidegger, 1962[1927]). It taps into and further explores the notion of the 'body-subject' as inextricably linked to our personal identity and the social world and as 'anterior to every determining thought' (Merleau-Ponty, 1962[1945]:92). Further, it investigates the notion of the body as a 'mighty intelligence' (Nietzsche, [1883]1961) that has the capacity to perceive, affect and dynamically co-create situations directly.

Theories of embodiment and research on embodied experience around the phenomenon of childbirth, Walsh (2010) asserts, would therefore seem axiomatic, birth being such a 'carnal' experience. In examining this, he calls for an urgent re-evaluation of the centrality of embodiment to the experience of childbirth. He purports that the childbirth arena has so far been colonised by contrasting approaches to the body ('natural' or 'medical'), both of which emanate from impoverished concepts of embodiment which so far have served to limit the provision of fulfilling birth experiences and humane maternity care.

Walsh (2010) further cites that this is evidenced in the use, during childbirth, of epidural anaesthesia, continuous foetal monitoring and episiotomies which result in the woman's body being viewed as an object belonging to the health care expert, not the woman herself (Gadow, 1994). As a consequence, the woman's subjective voice becomes inconsequential (Leder, 1990). Midwives and obstetricians are unwittingly (and often unwillingly) drawn into a Cartesian model of health care where, in an effort to minimise 'risk', the woman is treated as 'res extensa – a plenum of passive matter driven by mechanical forces' (Leder, 1998:119). The birthing experience has come to be understood as a dysfunction and illness, the birthing woman no more than a mechanical object with no autonomy over her own body. The woman becomes 'technologically erased as the beings in whom foetuses reside …' (Sandelowski, 1998 quoted in Goldberg, 2002). Rather chillingly Goldberg (2002) likens the birthing woman's body to a 'cadaver' and the operating room as a morgue – cold, sterile, mechanistic.

After birth a woman is faced with exploring the relationship between her changing body and her identity as a new mother. This relationship is informed by public, private and professional discourses around pregnancy, birth and parenting. These discourses are often propounded by popular media images and articles that may contribute to a woman's expectations and experiences in the early postpartum period. (Roth et al., 2012). Evidence of society's preoccupation with the body is ubiquitous, the media's portrayal of the 'thin', 'ideal' female body being well documented *(ibid*.). This ideal of the non-pregnant body is transferred to expectations of what the early postpartum body *should* look like which suggests the idea of an unchanging female body,

interrupted briefly by pregnancy.

This may result in a struggle for women to redefine and refigure themselves as individuals after childbirth and, although not all women experience this in the same way, it is true for all women that they are 'in a sense transformed into a different kind of person, literally a "new mother" [and] a kind of tension exists between this new social self and the individual who is struggling to get a particular body and self back' (*ibid*:672). The loss of the pregnant self has occurred but also a loss of an even prior body, a previous identity. The physical body itself has to be recaptured and even recast during this period. Csordas (1994:2) cites Martin (1992) suggesting that what we are seeing is 'the end of one kind of body and the beginning of another'. Certain clothes, foods and behaviours become part of a new self, or identity based on both the subjective experience of change within one's body as well as an external knowledge of that change.

Despite this renegotiation of the unexpected, unfamiliar, un-normal and often painful (Way, 2012) body, the new mother is expected to carry on life as usual. There is a cultural expectation in the West that domestic chores and childcare will be carried out by women regardless of their state of health (Anderson & Podkolinski, 2000). This alludes to the idea that bodily experience is not only rooted in biology, but is also imbued with psychological, social and cultural aspects of existence: The body is intrinsic to our identity, our sense of who we are in the world. Changes to our bodies, whether imposed from within or without, therefore, have the capacity to significantly alter our intentions towards our environment, our relationships with the world, our beliefs and assumptions about who we are, how we are perceived by others and the roles we play in society. Changes can also pose a challenge to our (and society's) perceived ideas about what 'normal' or 'natural' bodies should look like (Langdridge & Finlay, 2011). Implicit in redefining a body, therefore, is redefining an identity and a relationship with the world.

This research therefore aims specifically to explore the centrality of our embodied experiences to our sense of self and by extension the effects of bodily changes, specifically as a result of childbirth, on a woman's experience of who

she is in the world. It explores whether getting the body 'back' after childbirth is indicative of larger elements of identity and investigates whether the body is irrevocably changed by motherhood – bellies, hips, breasts all transformed? In particular, it invites women who have become mothers for the first time to reflect on what it is like to be in a body that has just given birth.

1.2 Potential Contribution to the Fields of Psychology and Psychotherapy

This research touches on two significant fields within psychology: embodiment (specifically female embodiment) and childbirth experience, and the findings will potentially speak to both fields. In exploring women's experiences of a specific, and particularly corporeal, aspect of female existence - namely postnatal embodied experience - it may be possible to expand upon and deepen an unspoken and under-researched aspect of the experience of female-ness and motherhood. Attempting to grasp the nuances of inhabiting a body that has just given birth through phenomenological enquiry will hopefully provide a richer understanding of what it means to be a woman who has just become a mother and broaden assumptions about how a new mother feels about her body. The implications for adding to the existing research on the transition to motherhood are therefore not insignificant.

In setting out the potential contribution to the field of psychology and psychotherapy, I feel strongly that a phenomenology of embodiment in relation to childbirth has enormous potential for contributing to primary health care practices, especially in such areas as obstetrics and midwifery in terms of understanding new mothers' embodied experiences and needs. Research into this as yet little known territory may help inform best practice in terms of caring for women during and after birth, giving primary health care practitioners a fuller understanding of women's emotional and psychological needs during and immediately following birth. An understanding of the centrality of embodiment to the childbirth experience could perhaps point the way forward, not only to a more satisfying birth experience for women, but also to the provision of more

humane maternity care in the post-natal period. It could be argued that part of the role of midwifery, obstetrics and psychology/psychotherapy is to help new mothers who are perhaps out of step with their body to 'recover a liveable relation with […] her psycho-physical being' (van Manen, 2014:326). It is therefore hoped the findings will resonate with health care providers who need to be aware of how the body is experienced in various modes of wellness and illness, comfort or discomfort.

A clearer understanding of the embodied dimensions of the breastfeeding experience could also provide insights into breastfeeding initiation and duration which may be valuable in creating effective social policies: in understanding how it feels and what it means to breastfeed, health care professionals caring for lactating women will be better placed to support the breastfeeding relationship.

The research findings may elaborate upon previous psychological research on childbirth experience, with particular reference to the importance of the physical dimensions of birth. The findings may speak to existing studies (as well as form the basis for further research) into the psychological impact, during childbirth, of any physical traumas (as a result of long, complicated labours and emergency obstetric interventions, such as caesarian or forceps). This elaborates on the findings of researchers who suggest that what happens to our bodies during birth may impact negatively on a mother's ability to navigate the transition to motherhood.

Further, it is hoped the insights gained will be informative to practitioners working with pregnant, birthing and post-natal women in that it will add to their understanding of what a new mother might be experiencing and how this could be affecting her emotional and mental health. It may offer a shift in perspective prompting health care professionals to look again at what this new mother might be experiencing, challenge their assumptions and preconceived notions about what it means to be a new mother and encourage them to look more closely, to listen in a different way and to ask different questions that will facilitate open engagement with maternity as a fundamental corporeal experience that has the potential to radically shift self-perception and self-understanding and prompt a re-evaluation of our position in the world. These insights are not limited to those working in a maternity setting, but translate more generically to

the understanding of *all* human beings as fundamentally and primarily embodied. This is of particular relevance to both existential-phenomenological psychologists/psychotherapists in myriad settings in that it explores, illuminates and champions a central theoretical tenet – embodiment, and so strengthens the importance, centrality and a priori nature of embodied experience. Translated into practice, the embodied focus of this study may remind and encourage therapists to be more awake to their clients' relationship with their bodies, the way in which they 'embody' themselves in the world and the interplay between their experience of their bodies and their experience of their 'selves'. This sensibility to embodied being-in-the-world has relevance, not only to those who practice from an existential-phenomenological orientation, but to psychotherapists from other theoretical approaches, since, ultimately, the research aims to broaden and deepen our understanding of what it means to have a body, what it means to have an identity and what it means to be a new mother. Since my aim is to potentially publish the findings, it is hoped that the research will be helpful to new mothers themselves as they navigate their transition to motherhood.

Summary

In this chapter I put forward the argument that our bodies – and our experiences of them – are valid and vital sources of information and knowledge worthy of phenomenological exploration. I also argued that embodied experience lies at the core of who we think we are and that our feelings about our bodies (contextualised within prevailing socio-cultural discourses) both limit and facilitate new ways of being- in- the-world. I put forward the case that maternal embodied experiences are particularly significant, as well as personally relevant, and very briefly summarised some of the literature around pregnancy and childbirth that illustrates this point. Given the gap in the literature on specifically post-natal embodied experiences, I cite this as the rationale for my research study which sets out to explore, in a phenomenological way, what it feels like to be in a body that has just given birth. I then went on to lay down the ways in which researching embodied experiences in the post-natal period would

contribute to the field of psychology and psychotherapy and concluded that the findings would not only expand on the existing literature, but also address what is missing. I suggested that my study could be useful both to health care professionals working in maternity settings (in that it may challenge assumptions and broaden understanding of what a new mother is going through and what her needs are), and to psychologists and psychotherapists more generally in that it explores a central existential tenet and in doing so examines and illuminates what it means to have a changing (maternal) body and what this says about selfhood and identity.

Chapter 2

Theory

The body knows
Delicate murmuring
Sensing of some gentle form
And then it goes
Unformed yet felt .. there is much more than this
(Galvin & Todres, 2009:313)

This chapter provides, firstly, an overview of the ***history of embodiment***, going on to summarise in ***existential-phenomenological theories of embodiment*** a necessarily brief, simplified and condensed overview of the main theories of embodiment as proposed by existential-phenomenological theorists such as Martin Heidegger, Maurice Merleau-Ponty, Frederick Nietzsche, Medard Boss, Jean-Paul Sartre, Simone de Beauvoir and Eugene Gendlin; It then goes on to outline a brief overview of ***feminist theories of embodiment***, including such thinkers as Simone de Beauvoir, Elizabeth Grosz, Julia Kristeva, Luce Irigaray, Judith Butler, Gail Weiss, Iris Young, Susan Bordo, Toril Moi and Linda Alcoff.

2.1 Historical Overview of Embodiment

Early theories of embodiment inherited from Greek philosophy were steeped in somatophobia (fear of the body). Elizabeth Grosz (1994) informs us that in his 'Cratylus', Plato claims that the etymology of the word 'soma' (body) stems from

the Greek word ‘sema’ (dungeon), suggesting the name given by Orphic priests to signify the belief that man is essentially a spiritual being imprisoned in a body. Plato therefore viewed matter as secondary to and inferior to ideas. He posited a hierarchy of dominance, a ruler-ruled relationship between body and soul, mind or reason that is the bedrock of individual and social (moral) functioning and in this we have the introduction of the body politic (Grosz, 1994).

Grosz also tells us of Aristotle’s further assertions that the mother provides a (passive) receptacle to house the creation of life, made possible through the (active) father. Woman provides matter (lustful, mortal, sinful carnality); man provides form (spirit or soul given by God). Matter is therefore mortal and mind is immortal. She goes on to explain how man’s soul, according to Christian doctrine, is ‘lived’, expressed through the body, sins being punishable via corporeal administrations; disfigurement and disease are therefore recognised as corporeal signifiers of sin. Descartes contributed to this already dualistic stance by separating soul from nature, form from matter, carnality from reason, body from mind. That which thinks (res cogitans) is separated from that which feels (res extensa). Only res extensa (being a finite substance) can be governed by the laws of nature. Mind or consciousness (being infinite) sits outside and above nature, merely observing but never participating in its laws. Knowledge of the natural world can thereby never be directly known, only observed, reflected on and deduced. Bodies, according to this understanding, have no psychical interior, no consciousness and minds have no access to bodies, or to other minds and an unbridgeable gulf exists between the two (Grosz, 1989).

Grosz goes on to explain how, within these patriarchal philosophies, the body is construed as an instrument, tool or machine at the disposal of a wilful subjectivity. The body is merely inhabited by an owner and this passivity renders it open to being acted upon, not only by its owner but by outside (socio-political) wills and forces that may coerce, control and exploit it. The body is also construed by Grosz as a ‘signifying medium’, an expression of self, a visible communication of interiority and subjectivity, an antenna for receiving and translating information from the external world. It is therefore discursive in nature, conversing with the world and with the subject. As such, the body

represents the threshold between the natural and the social world (Grosz, 1989).

2.2 Existential-phenomenological Theories of Embodiment

Whereas in Cartesian terms the body is thought of primarily as a biological object, separate from the mind and also from other people, existentialist theory seeks to establish the body as 'lived', an 'embodied consciousness which fluidly and pre-reflectively engages with the world' (Langdridge and Finlay, 2011).

Embodiment from an existential viewpoint, then, is conceived of as the process or state of living in a body. In contrast to the notion of the body as a biological 'object', existentialism attempts to place the body centre stage in all our experiences. The body is not solely an individual 'possession', but rather a social 'project '. As such it poses a challenge to the Cartesian/Newtownian understanding of the world in terms of simplistic binaries and seeks to put forward the idea that bodies, identity and the social world mutually interact and shape each other. The body is therefore firmly placed, according to existential thought, at the interface between the individual and the social world and as such is experienced both on a subjective and an inter-subjective (relational) level. The phenomenon of embodiment is therefore seen as one of the seven 'existential dimensions of the life-world' (Ashworth, 2003). As such our embodied experience is understood as an existential 'given', an ontological feature of *Dasein* (being-in-the-world), without which the concept of a human being could not be viable (Letunovsky, 2004).

Both Merleau-Ponty ([1945]1962) and de Beauvoir ([1949] 2010) see the body as being in an 'active process of embodying certain cultural and historical possibilities' (in Nicolson et al., 2010:583). The body, Butler (1997) says, has both an 'appearance' and an 'expression' in that there is a complex relationship between individual bodies and society (Sweeney & Hodder, 2002). According to Turner (2004:71) embodiment is:

> … not a static entity but a series of social processes taking place in the life course. Embodiment is a life process that requires the learning of body techniques such as walking, sitting, dancing and eating. It is the ensemble of such corporal practices, which produce and give a body its place in everyday life … Embodiment is the mode by which human beings practically engage with and apprehend the world.

With Merleau-Ponty ([1945]1962) there is no polarisation of *res extensa* and *res cogitans*; Mind and body are understood as a unified whole and together become 'the vehicle by which we experience the world' (p. 82). He argues that perception is our primary means of being-in-the-world and our body is the vehicle of all our perceptual modalities and their inter-relationship (Madison, 2014). The body and the world are thereby intrinsically bound together 'our own body is in the world as the heart is in the organism' (Merleau-Ponty, [1945] 1962:203). The body is integral to our perceptions and to any understanding of human experience. If our bodies are at the interface of us and the world, by tapping into our bodily experience we can understand that world and our place in it in a more profound way. In coining the term' body-subject' he alludes to our bodies as 'lived', as embodying consciousness. He further argues that together the body and the world create a 'system' whose purpose it is to create meaning out of our experiences, to identify 'truth' – perceived truth, situational and contextual truth, truth that is open to change. (van Deurzen, 1997).

Merleau-Ponty's (1968:136) notion of embodied consciousness expands to incorporate the idea of inter-corporeal being which he termed 'flesh', suggesting the inextricably intertwined nature of our embodied selves being 'at the heart of our flesh'. We thereby embody our version of the world through our senses. Through our bodies we (with or without awareness) place alterations upon our world and effect transformations upon it. We are therefore in this way the conscious or unwitting agents of change. This has important implications for the nature of personal identity and the centrality of our embodied experiences. His idea that we have a 'bodily perception' of the other's state or intention is echoed in the discovery by neuroscientists of 'mirror neurons' (Staminov & Galesse, 2002) which confirms the reciprocal way intentions 'play across' bodies (Youell, 2007).

The existential philosopher, Nietzsche, was unequivocal in his views on the importance of the body. Rather than arguing for a primacy of perception, he insisted on the primacy of the body and a unity of body and mind. He saw the self as nothing more than a function of the body 'Behind your thoughts and feelings, my brother, stands a mighty commander, an unknown sage – he is called self. He lives in your body, he is your body' ([1883] 1961:62). Rather than the self inhabiting the body (a dualistic stance), body and self are one and the same. Nietzsche came to the conclusion that his body was the location and key to all that he was:

> I am body entirely and nothing beside; and the soul is only a word for something in the body. The body is a great intelligence, a multiplicity with one sense, a war and a peace, a herd and a herdsman (*ibid*.)

Attending to your bodily self, then, is the only way to become who you are; without body-directed attending, we remain unknown to ourselves: 'There is more wisdom in your body than in your deepest philosophy' (*ibid*).

The body for Nietzsche is also discursive in nature in that through our bodies we can choose an identity, a role we want to play which is immediately visible to others. The body both expresses and reflects not just who we think we are but who society says we should be. Nietzsche thereby turns the 'cogito ergo sum' on its head by positing that identity cannot be reduced to consciousness. Rather, he maintained that identity is never without a body and in fact it is the body that uses thought and the ego as its tools. The body is, in turn, governed by the structure of its social world and one's place within it and together body and society co-create a personality, an identity. The body, as lived, is therefore both a cultural artefact as well as the site of change (Diprose, 1994). For Nietzsche, then, the body was viewed :

> As a social object, as a text to be marked, traced, written upon by various regimes of institutional (discursive and non-discursive) power, as a series of linkages . . which form superficial or provisional connections with other objects and processes. . . (Grosz, 2004:116).

In a similar vein, Medard Boss gave us the notion of 'bodihood' as an expression of the body as more than a 'thing', limited by flesh. For him, bodihood was rather an expression of human existence, a reflection of our attitude towards the world. In this way, all manifestations of human life are 'bodily', even thoughts, images, views, beliefs, abstract ideas are permeated through our bodihood: 'The limits of my body coincide with the limits of my openness towards the world' (Boss, 1979 quoted in Letunovsky, 2004:314).

Jean-Paul Sartre distinguished three ontological dimensions of the body or modes of being in the body: being-in-itself (en-soi), being-for-itself (pour-soi) and being-for-others (pour-autrui). In other words, the body is not only subjectively and unconsciously lived, it is also self-consciously lived as a subjective object for others. This alludes to the effect on our sense of self of the other's gaze – how our bodies can be objectified by the look of another: 'I exist for myself as a body known by the other' (Sartre, 1969[1943]:351).

Eugene Gendlin takes the centrality of the body further arguing that bodily interaction must precede perception since it is only through the body that perception is possible: 'The body knows its situation directly' (Gendlin, 1997:26). We know our environment, not by perceiving it, but by living it. He warns against the limiting effects of thinking *about* the body rather than thinking *from* the body, of conceptual knowledge rather than empirical knowledge (Madison, 2013). He reminds us of the 'generative potential of the body' as it synthesises and responds to our lived experiences. Attending to our bodies in an empirical way can enable fresh, innovative and creative ways of knowing allowing us to think outside the box, discard received wisdom and come to new understandings that are specifically our own. This suggests then that the body is also a source of thought, that resonances in the body can expand our thinking. In a hermeneutic way, all our understanding emerges from and goes back to our embodied experiences and attending to our own nascent knowing can help us to grasp deeper insights about our experiences. Gendlin therefore emphasises the pre-reflective and pre-linguistic nature of 'the interactional living we are' (2003 quoted in Nanda 2006:353).

Gendlin (1997) further uses the term ‘separate multiplicities’ to describe the way in which body, mind and world are intrinsic to each other, interactional and contextual, mutually co-constituted and dependent (Nanda, 2006). The insight of understanding therefore demands a transformation of who we are; it allows us to ‘see through’ language and tap into ‘Being that presents itself most intimately in living even before it gives itself to understanding’ (Heidegger, 1975 quoted in Todres, 2004:43). Understanding comes through ‘visiting’ the unsaid and the insights transform us. The lived body can be thought of as the intersection of the said and the ‘unsaid’ – embodiment being the messenger of the unsaid (Todres, 2004). According to Gendlin (1999), therefore, we don’t just interact *with* the environment, rather our bodies *are* the environment. The body is continually in process, continually making itself anew as it takes in and simultaneously creates its environment:

> The body, rather than an inert object, is an experiential process interacting with and responding to its environment, so radically that what we call ‘body’ and what we call ‘environment’ is a matter of perspective (Madison, 2014:27).

2.3 Feminist Theories of Embodiment

Historically there has existed a relationship between corporeality, subjectivity and identity, with bodies associated with femininity and the mind associated with masculinity. As Grosz (1994:14) points out ‘women are somehow *more* biological, *more* corporeal, *more* natural than men’. Since its inception, feminism has fought to dissolve any causal links between corporeal characteristics, social role and mental ability (Lennon, 2014). Both Firestone (1970) and de Beauvoir (1949) sought to liberate women from identification with a body that denies them participation in ethical, political and philosophical discourse. Maternal bodies for these feminist theorists are the sine qua non of imprisonment and a phenomenology of the maternal body is a relentlessly negative one. De Beauvoir ([1949]1976: 512-13) makes this clear when she suggests that:

> . . . in the mother-to-be the antithesis of subject and object ceases to exist; she and the child with which she is swollen make up together an equivalent pair overwhelmed by life. Ensnared by nature, the pregnant woman . . . scares children who are proud of their young, straight bodies and makes young people titter contemptuously because she is a human being, a conscious and free individual, who has become life's passive instrument.

De Beauvoir believed that from a young age females are taught to live their bodies as objects for another's gaze, as 'an inhibited intentionality wherein the exuberance of life . . . is restrained' (ibid:323). In this way the female body is lived as nothing more than a passive object, an 'inert given object' (p.306), the telos of women's existence being to give pleasure to others through their bodies. Motherhood, therefore, represents the ultimate trap. Although she stresses the situated and unhomogenous nature of maternal embodied experience, her phenomenological descriptions seem univocal and bely the multiplicity of experiences recounted by mothers across the literature. As pointed out by Grimshaw (1986:73) childbirth, for instance, is anecdotally described 'as both the source of [their] greatest joy and the root of their worst suffering'.

Later feminist theorists sought to re-evaluate understandings of female embodiment positing that the female capacity to give birth should be celebrated as grounds for affirming both the power and value of the female body and repositioning it a source of pride. Women do not need to cast off the shackles of reproduction in order to find a more valued place in the world (of men), but rather are invited to embody more fully their creative potential (Lennon, 2014). Irigaray (1997a), for instance argues that we need to reconstruct an interconnected imaginary and symbolic of the female body that is positive and liveable. The female body has to be reimagined and rearticulated to enable women to both feel and think differently about their embodied being. What she is suggesting is a remoulding of female embodiment predicated on an identity that 'erupts from the flesh' (Lennon, 2014).

This is a phenomenology of embodiment that focuses on bodies *as lived*. It is concerned with what constitutes the ontological, rather than the structured,

nature of embodied experience. This materiality of the body is championed by Elizabeth Grosz (1994) who calls us to 'focus on matter rather than mattering'. She is concerned with the way in which the body is active in its own becoming and in the way in which the body seems to outrun any attempt to conceptualise it. She is also interested in the way that bodies are actively involved in the process of cultural change and transformation (Grosz,1994). Using the metaphor of the Mobius strip, she shows how corporeality represents both a signifying medium of self (internal) expression, as well as a receiver of (external) information. When you trace the outside of the Mobius strip you are lead seamlessly to its interior without having to lift a finger and Grosz suggests that this is similar to the body which sits at the intersection of the internal and external world, dynamically expressing and digesting communications in a meaningful way. In this way there is no disruption between inside and outside, the one simultaneously and intentionally co-creating the other (Lennon, 2014).

Iris Young (2005) agrees with de Beauvoir in as much as she asserts that, for women, pre-reflective, unselfconscious engagement with the world is perforce interrupted by an 'inhibited intentionality' which is derived from perceived objectification of their bodies. Female embodied movement and engagement with the world, for Young, is not merely the consequence of anatomy, but a response to the situation – a reactive awareness of the objectification of their body by others. She suggests that distinctive aspects of female embodiment (such as childbirth, pregnancy, breastfeeding) offer possibilities for (positive and negative) engagement with the world and as such open up opportunities for the extension and expansion of identities as women.

Judith Butler (1990) contends that (gendered) identity is instituted through a stylised repetition of bodily acts over time. That is, gender is constructed through specific corporeal acts. As such, 'the body is not merely matter but a continual and incessant materialising of possibilities' (p.404). One thereby *does* one's body in distinct, unique ways. Butler stresses that this does not suggest a disembodied agency directing an embodied exterior, but rather that the body is the 'I' embodying its own (culturally and historically mediated) possibilities (Lennon, 2014).

Toril Moi (1999) suggests discarding what she believes are impoverished, reductionist accounts of sex and gender and replacing these with the concept of a 'lived body' that encapsulates individual bodies in their unique specificity. She posits that the category of the lived body can 'capture the way material features of our bodies play a role in our subjective sense of self and this without the need for a reductionist, biological account of such embodiment' (quoted in Lennon, 2014). In this sense the lived body needs no further classification since it already implies the body in its lived specificity.

According to Lennon (2014), Alcoff's (2005) concept of 'visible identities' offers a phenomenological account of the way in which identity categories are anchored in material bodily features which are invested with personal and social significance and which inform our immediate perceptual experience of ourselves. Sex especially is 'marked on and through the body, lived as a material experience, visible as surface phenomena, and determinant of economic and political status' (p.102). Although this material experience is learned, it is nevertheless accorded the status of fact. Perceptual practices have become so entrenched that they are not evident to us and so are difficult to change - 'gender consciousness produces habitual bodily mannerisms that feel natural and become unconscious after long use' (p.108). In this way certain bodily shapes are de facto imbued with certain significances and this shapes our own sense of bodily self and informs our perception of other bodies.

According to Alcoff's theorising then, entrenched, habitual, rigid, polarising, perceptual bodily practices are limiting and damaging in as much as they (falsely) define 'selves'. She points out, however, that perceptual practices, given their dynamic nature, are not in themselves concrete and so once brought into view, are amenable to change.

Gail Weiss (1999) stresses the multiple and dynamic nature of 'bodily imaginaries' which exist for us on a pre-reflective level, not as an anatomical body, but as an intentional body engaged in its 'tasks'. This corporeal 'schema' is formed 'by the emotional and imaginative significance which is given to parts of the body by our personal relations with others and by the significance attached to corporeal features in the social domain' (Lennon, 2005:1). Body

image is therefore the result of the way the body is experienced and emotionally invested and is inextricably linked to our sense of self. Body image is not just a mental representation, but a mode of experiencing which enables or inhibits our operation in the world. Sexed difference, Weiss contends, is woven into this body image and so we are constituted and positioned by such bodily imaginaries, both subjectively and socially as sexed. Body image is therefore affectively laid down and as such unalterable by facts or proof and unavailable to reflective scrutiny. How we experience our bodies is irreducibly infused with social messages about how certain body types are to be experienced – they are imbued with social meaning that is ingested to shape and form subjective experience of the imagined body (Lennon, 2014). Susan Bordo (1993) similarly drew attention to the ways in which dominant social discourses prescribe (gendered) norms in response to which women regulate both their own bodies and the bodies of others.

Summary

In this Chapter I gave an brief overview of the historical underpinnings of modern thinking and theorising around embodiment. I then went on to summarise existential concepts of the body, not as a thing that we own, but as something we *live*; not as a possession, but as a process; not as a biological object, but as a fluid, fleshy subjectivity with fuzzy boundaries and no actual core; not as a separate entity that exists in a vacuum, but as an intentional inter-subjectivity that effects change and is changed in return; not as a self-contained unit, but as a means of cultural and historical possibilities; not as a means of navigating our way around our world, but as the very means of perceiving it; and not as a dull, empty vessel, but as a source of thought, a 'mighty intelligence'. I also outlined the feminist project of attempting to dissolve causal links between (gendered) corporeality and roles in social, ethical, political and philosophical discourses. Overviewed were the ways in which feminist theories of embodiment span the discursive-phenomenological divide and challenge historical versions of women as *more* corporeal (read: *less*) than men.

Chapter 3

Literature

If we don't invent a language, if we don't find our body's
language, it will have too few gestures to accompany
our story. We shall tire of the same ones and
leave our desires unexpressed, unrealised. Asleep
again, we shall fall back on the words of men.

(Luce Irigaray, 1999:88)

This chapter is divided into seven sections. In ***Literature search*** I give an overview of how the literature review was conducted before going on to provide a summary of the main findings from the extant literature in ***Overview of the literature***. These findings are then considered more fully and fleshed out under separate headings, as follows: ***Childbirth embodiment, Pregnant embodiment, Post-natal embodiment and Embodied dimensions of breastfeeding*****.** The chapter concludes with a brief ***Critique of the literature*****.**

3.1 Literature Search

The objective of the literature review was to identify all published, scholarly, peer-reviewed empirical articles that engaged with the phenomenon of embodiment in relation specifically to pregnancy, childbirth and postnatal experience (including breastfeeding). The following databases were searched between March 2011 and June 2015 : PsychArticles, PsychInfo, Google Scholar

and Summon. Search terms entered into databases were: ‘embodiment’, ‘body’, ‘childbirth’, ‘childbirth experience’, ‘pregnancy’, ‘postnatal experience’ and ‘breastfeeding experience’.

Initially twenty eight papers were identified that used the term ‘embodiment’ in the context of pregnancy, birth, post-natal experience and breastfeeding. These were scrutinised for further sources of research and literature and additional papers, books and book chapters were identified in this way, giving a total of fifty one papers, of which thirty four were research studies and seventeen were theoretical articles.

Wider sociological, existential-phenomenological and feminist literature was sought to flesh out the evolution of theorising on the concept of embodiment with particular emphasis on theories of female embodiment.

3.2 Overview of the Literature

In the last four decades much has been written about childbirth with an attempt by the authors to elicit women's subjective experiences of the phenomenon (Kitzinger, 1972; 2004; 2009; Shackleton & Molloy, 1993 ; Brisco & Bencivenne, 1998). Much emphasis has also been placed on the increasingly medicalised aspects of birth and the psychological and emotional significance for the mother of this trend (Rafael-Leff, 2005; Paradice, 2002; Walsh, 2010). The more socio-political aspects of the birth experience have also risen to the fore (Squire, 2009; Savage, 2006; Oakley, 1980; Kitzinger, 1992; 2005; 2009; Odent, 1999; Crossley, 2007) and the phenomenon of embodiment is being incorporated more and more into our understanding of childbirth experience by feminist writers and researchers (Grosz, 1994; Young, 1984; 2005).

Some research has been carried out on women’s early labour experiences (Cheyne et al., 2007) and on the act of parturition itself (Gibbens, 2009), whilst other researchers have focused on particular aspects of the experience, such as the significance of perceived control (Brewin & Bradley, 1982); associated fear

(Nilsson & Lundgren, 2003); associated pain (Lundgren & Dahlberg, 2009; Clark-Callister et al., 2003); the importance of the woman-midwife relationship (Freeman, 2006; Halldorsdottir & Karlsdottir, 1996; Lundgren & Berg, 2007; Hunter, 2008) and the experience of having obstetric intervention (Kitzinger, 1987; 1975; 1984; 1992; Goldbort, 2009; Berg & Dahlberg, 2009; Clark-Callister, 2004b).

On the subject of female embodiment, there have been notable contributions to the literature from feminist writers in particular (Young, 1984, 2005; Grosz, 1989, 1994 ; Irigaray, 1985, 1999; Kristeva; 1982, 1986; Oakley, 1979, 1980; Gatens, 1996; de Beauvoir, [1949](2010); Diprose, 1994; Kitzinger, 1992; Weiss, 1999; Bordo, 1993; Butler, 1990, 1997; Martin, 1989) but not much qualitative and even fewer phenomenological studies have been carried out within the field of psychology to elucidate and illuminate women's embodied experiences. Whilst there exist a few excellent studies exploring women's embodied experiences during pregnancy (Johnson et al., 2004, 2012; Mullin, 2012, Neiterman, 2010, 2012; Bailey, 2001; Nash, 2010, 2012, 2014; Oliver, 2010; Nicolson et al., 2010; Longhurst, 2005) and childbirth (Lupton & Schmied, 2012; Akrich & Pasveer, 2004), I could find little mention in the literature, despite rigorous database searches, of studies exploring women's subjective experiences of their bodies *after* childbirth. The following research papers did however touch on the subject (Nicolson et al., 2010; Roth et al, 2012; Upton & Han, 2003; Way, 2012; Bailey, 2001; Dworkin & Wachs, 2004). Further studies were found that addressed embodied dimensions of the breastfeeding experience (Shaw, 2003, 2004; Ryan, Todres & Alexander, 2011; Palmer et al, 2010; Mahon-Daly & Andrews, 2002; Kelleher, 2006; Bartlett, 2000, 2002; Schmied & Lupton, 2001; Schmied & Barclay, 1999; Stearns, 1999, 2013; Spencer, 2007; Kirby, 1997).

The literature is elaborated more fully under the following headings: Childbirth Embodiment, Pregnant Embodiment, Post-natal Embodiment and Breastfeeding Embodiment. By way of contextualising the findings from the literature review, only studies specifically rooted in Western experience, and emanating from Western European, British, American and Australian cultures were included and so do not speak to the experiences of women from other cultural backgrounds.

3.3 Childbirth embodiment

According to Descartes there exists a disembodied mind. The body cannot be a 'knower' within this paradigm since the body and its experiences is always subordinate to the rational functioning of the mind. This hierarchy is further associated with either male or female qualities, the higher concept of reason (the mind), being attributed to the masculine and the lower concept of emotion (the body), being attributed to the feminine (Davis, 1995). Davis (1995) further highlights how within this paradigm it is not difficult to see the way in which embodied experiences of (birthing) women have been understood as secondary to the cognitive processes so valued by the medical profession. As a result, he argues that bodily sensations and experiences have been discounted as sources of knowledge, and birthing women have been discounted as 'knowers'.

Central to this 'naturalist' or 'essentialist' position is an understanding 'that the capabilities and constraints of human bodies define individuals and generate the social, political and economic relations which characterise … patterns of living' (Davis & Walker, 2003:37). The body thereby is viewed as the source of social relations and human behaviour. Due to an androcentric attitude to the human body, female anatomy has been viewed as a deviation from the norm and as such risky, problematic and unpredictable (Briggs, 2000). The impact of this is evident in the increasing medicalisation of childbirth, propounded by the Cartesian notion of the body as something separate from the mind, analogous to a machine, amenable to examination and dissection. (This is evidenced in diagnostic terms such as 'failure to progress' and 'incompetent cervix' (Hunter, 2008). Hence the introduction of drugs and obstetric procedures to protect the defective female body from the complicated business of birth. A challenge to this view of the birthing body as separate from the birthing woman was posed by feminists such as Oakley (1986) who championed the intelligence and competence of a woman's body to give birth without medical intervention. There

exist therefore two competing approaches to childbirth to which women may align themselves and which may inform or even determine their experience of childbirth (Walsh, 2010).

The post-structural theorising of Foucault (1973) promoted a socially constructed understanding of embodiment, wherein experience and behaviour are regulated by various social discourses. Applied to childbirth, this theorising may go some way to explaining the way in which institutionalisation can occur in hospital settings wherein women are compliant in adopting a 'patient role' (Kirkham 1989). Whilst this serves as a useful counterbalance to the biological essentialism of the natural body which is now viewed as contextually co-determined, Shilling (2003) argues that 'the corporeality of the body "goes missing" behind a series of discourses that actually can only be comprehended and articulated by the mind' (quoted in Walsh 2010:489).

Merleau-Ponty (1964) adds to subsequent theories of embodiment by emphasising the centrality of the senses to our experiences. We perceive the world in a sensory way. There is no consciousness or perception without a body. We interact and engage with the world as visceral beings. This visceral physicality is an inherent part of the labour experience which encompasses both external and internal bodily processes (Walsh, 2010). Interacting in a bodily way with our environment opens up the opportunity for a kind of embodied knowledge and this is evident in many women's birth narratives (Shaw, 2003, 2004; Akrich & Pasveer, 2004). Walsh propounds the view that this embodied knowledge is too often ignored or overlooked in medical settings and on labour wards and the woman's actual embodied experiences are viewed as irrelevant or unimportant when weighed against medical knowledge. Inherent in the idea of a natural embodied subjectivity is the role of agency and it is precisely this agency that hangs in the balance when in the hands of the medical profession. The literature is unequivocal on one point: that the loss of agency during childbirth is central to narratives of perceived traumatic births (*ibid*.). Childbirth is contingent and contextual in nature, highly influenced by psychosocial factors. Any model of care that champions the mind over the body and focuses on managing emerging pathology at the expense of paying attention to a woman's lived mind-body experiences will therefore be inadequate in providing women

with positive birth narratives. Further, it will fail to guard against the well documented psychosocial sequelae of long, complicated labours (Lobel & de Luca 2007, Di Matteo et al. 1996) and the traumatising effect of disembodiment (Kjaergaard et al. 2007, Nystedt et al., 2006) (cited in Walsh, 2010).

Davis and Walker (2008) suggest that post-modernist, feminist thought can hold together the tension between biology and culture by adopting the metaphor of the Mobius strip, the mathematical artefact with only one side and one boundary. The strip is created by taking a paper band and giving it a half-twist, and then joining the ends of the band together to form a loop. They posit that it can demonstrate the way in which a women's body layout is both presented and lived by her, emotions and hormones (the inside out) affecting observable physiological and anatomical processes, while social inscriptions such as birth setting, societal and professional attitudes (the outside in) affect the interior of the body. Davis and Walker (2008:495) show how this metaphor 'figuratively collapses boundaries between natural and social bodies, leaving the childbirth milieu free for the multiplicity and fluidity of women's experiences'.

The theories of French feminists, Luce Irigaray and Julia Kristeva, on the other hand, propose an almost essentialist notion of feminine sexuality and maternity, presuming the existence of a 'maternal instinct', what Young (1984) calls 'Gynocentric Feminism'. This denotes 'the desire to give birth as a species-desire, part of a collective and archaic female libidinal drive that makes pregnancy and motherhood the telos of women's lives' (Butler, 1997 quoted in Oliver, 2010:762).

Using what she termed 'corporeal generosity' Diprose (2002) alludes to the huge debt owed by one body to other bodies. Through the phenomenon of embodied 'gifting' (pertinent especially to pregnancy, birth and early motherhood) there exists an opening up of new possibilities alongside the risk of threat to the integrity of already existing bodies:

> Insofar as I am a self, the giving of corporeality is always in operation … It is not the case that I first exist in control of my body then decide to give my body away. Rather, it is because my body is given to others and vice versa that I exist as a social being ... It is through this ambiguity of bodily

> existence that new possibilities for existing are open to me… (Diprose, 2002 quoted in Shaw, 2004:296).

As such, pregnancy, birth and breastfeeding are particularly potent processes in the creation of selves.

This is echoed by Sayers (1982) who comments that

> '…the physiological changes of childbearing affect the mother not mechanistically, but by the way she psychologically construes and interprets these biological processes … these attitudes are not themselves simply a function of biology. They are … also a function of the individual woman's personality, her current life situation, and social attitudes towards childbearing and motherhood'. (Sayers, 1982 quoted in Nicolson, 2004:412).

As Grosz (1987) suggests, there is a distinction between understanding the body as something lived or experienced and the body that presents itself to others and to culture as an 'inscriptive surface'.

3.4 Pregnant embodiment

Nash (2010) tells us that since 18th Century pregnant embodiment has been connected with pathology, fragmentation and even disembodiment in Western Europe/North America/Australia. It has also been construed as a time of 'surrender' to 'natural' bodily processes.

In 1991 Vanity Fair magazine featured a nude, pregnant Demi Moore on its cover, ushering in a new concept of pregnant embodiment which embraced the sexuality of the maternal body (*ibid*.). Leading on from this, we now have Hollywood movies, websites, books, reality TV shows and tabloid magazine articles alluding to "momshells", "knocked-up knock-outs", "Yummy mummies" and "baby mamas" (Oliver, 2010). Baby bumps are now a fashion accessory, made desirable by bikini-clad celebrities on glossy magazine covers. The pregnant body has been re-valued from something desexualised into something

glamorous, even sexy *(ibid*.). It is also seen as a fashion statement (Longhurst, 2005). Hollywood movies simultaneously promote the idea of the pregnant body as gross, awkward or funny with the pregnant woman out of control of her own body. Mood swings, food cravings, morning sickness, misjudging body size and even giving birth have become the stuff of comedy (Oliver, 2010).

In the last decade, the majority of studies on embodiment during pregnancy have focused on issues such as weight control, body image, satisfaction or dissatisfaction with body shape and size (Johnson et al., 2004). Over and above these more cosmetic concerns lies a more ontological dimension, a deeper connection between how we experience our bodies and how we are engaged with the world.

Nicolson et al. (2010) found that during pregnancy, women experienced a new sense of embodied identity as their relationship with their 'known, familiar bodies' changed to incorporate the growing foetus into the embodied self. She also identified a dissonance between control over the body when it is just your own weight gain and the experience of gaining weight as an expectant mum. There was ambivalence here: on the one hand fear of loss of control over the body and wanting your body 'back' and on the other hand pride in looking pregnant and having a 'bump'. Any frustration or dissatisfaction centred, not on the actual 'bump' but on 'the other things' (losing your waist, your 'boobs going huge', your 'bum going massive', hips that 'won't go back' and stretch marks).

Studies on pregnant body image showed how in the West women now feel under pressure to conform to unachievable standards of (non-pregnant) femininity which demands slenderness as the sine qua non of beauty (Earle, 2003). As a result pregnant women often feel negatively about their pregnant bodies (Nash, 2010).

Neiterman (2012) examined the social context and social interactions that facilitate the process of pregnant embodiment. She argues that 'doing' pregnancy involves learning, adapting and performing in a way that is inherently socially regulated. Women 'do' pregnancy therefore according to the social context in which the pregnancies are experienced. Pregnancy can in this way be viewed as a social and cultural transition (Balin, 1988; Oakley, 1980) which is

embodied through the daily practices of ‘doing’ pregnancy (West and Zimmerman, 1987).

In her research on pregnant embodiment Bailey (2001) demonstrated how women often renegotiate their femininity and sexuality, as well as how they use their bodies, during pregnancy. There is perhaps an expectation here of fulfilling a maternal role. Longhurst (2001, 2005) similarly showed that during pregnancy women often feel obliged to change the spaces they occupy in society, hiding their (potentially) leaking bodies from the public eye. Longhurst’s participants viewed their bodily leaks as shameful acts and, frightened of breaching social norms, withdrew from more public spaces, their bodies ‘projecting an unstable, potentially leaking essence’ (quoted in Neiterman, 2012:374).

The writings of Iris Young (1984, 2005) explore pregnant embodiment as a significant philosophical intervention in ‘masculinist’ conceptions of self with their Cartesian notions of subjectivity. She reflects upon the way in which bodily changes during pregnancy can reposition women in relation to their selves, how they can experience the blurring of boundaries between self and other through the subjective process of having ‘two bodies in one’ (Nash, 2010).

3.5 Post-natal embodiment

Although the post-natal period has been described as the ‘fourth trimester’ (Nash, 2010), research on pregnant embodiment has focused largely on women’s experiences of their bodies until the moment of birth. However, changes to the pregnant body do not stop at birth. The body does not magically go back to how it was before pregnancy began. In many ways the idea of a fourth trimester does justice to the continuation of the body’s adaptation to pregnancy and the woman’s adaptation to her changing experience of embodiment. The post-birth body can be seen as an ‘in-between’ body just as in Nash’s (2010) study of early pregnancy and, as such, provides a space for more nuanced readings of body image and corporeal ambiguity. The post-natal period necessitates that new mothers undergo a fundamental renegotiation of boundaries between themselves and their bodies and a renegotiation of the

experience of the spatiality surrounding their bodies (Bailey, 2001). The appearance of the postnatal body may seem congruent with the emotional, psychological and corporeal knowledge women have that they are no longer pregnant. Just as in pregnancy the ambiguous postnatal belly is still on display.

Just as pregnancy requires the constant adjustment of bodily practices (to accommodate fatigue, morning sickness, posture, sleeping position for instance), the postnatal body also requires attention and adjustment. Engorged breasts, cracked nipples, contracting uterus, stitched perineum, backache, headache following epidural anaesthesia, sleep deprivation, adjustment to post pregnancy size all require bodily adjustments (Neiterman, 2012). Moreover these adjustments are for the most part carried out in private and are part of the invisible work new mothers do in the postpartum period. As in pregnancy, the post-natal body could be perceived as a new or different body which new mothers have to learn to inhabit and learn to take care of. In the case of surgical deliveries, previously uncomplicated physical tasks such as taking a bath, walking or picking something up will have to be renegotiated and may involve coping with varying levels of pain and discomfort (*ibid*.). Added to this, the physical demands of caring for a new-born (feeding on demand, cradling for long periods, lack of sleep or rest) may make attending to the mother's own bodily needs more difficult.

In terms of advice about nutrition and exercise – what to eat, how to exercise, rest, sleep, move and even think, the pregnant woman is overwhelmed. Neiterman (2012) points out that there are guidelines to help her negotiate and learn to inhabit this new body whereas little attention or preparation is afforded to inhabiting it once the pregnancy is over. Focus on the woman's body seems to end with childbirth, the focus then shifting to the newborn's physical wellbeing. The social norms surrounding pregnancy suggest that the responsible, 'good' mothers, those at the top of the social motherhood ladder, should be willing to sacrifice their own wellbeing for the welfare of their child. Now that the mother's body is no longer 'hosting' the child, the responsibility has shifted to the newborn's body and the mother is allowed to have her body 'back' (*ibid*.). There is now a new set of social rules, values and norms to perform to – how is her body 'supposed' to be now that it is hers again? This is the in-

between stage which begs the question of how socially constructed notions of motherhood impact upon how we experience, inhabit, display and feel about our post-natal bodies. The post pregnant body no longer needs to be constantly supervised and monitored; it is no longer important, especially so if the mother has made the decision to bottlefeed (*ibid*.).

Nash (2010) suggests that, as in early pregnancy, the post-natal body is lived on the margins or 'in-between' as corporeality that does not externally manifest its internal change. The body after childbirth is not yet the old, familiar pre-pregnant body, nor is it a pregnant body. It is difficult to 'get into' old pre-pregnancy clothes and, even though no longer pregnant, the new mother often carries on wearing 'maternity' clothes (Nash, 2010). In this way the postpartum body is controlled, not only through public ideologies of an 'ideal' body type, but also through the kinds of clothing options available to women. Upton and Han (2003) point out how, in pregnancy, clothes are designed to 'show off' the body, while after birth they are designed to 'cover you up', as if by way of an apology.

Degher and Hughes (1999) uncovered the presence of a 'fat' identity in their exploration of obesity which was determined through active cues arising from interaction with others in public. As in early pregnancy, so perhaps after birth, every dimension of women's' body image has to be overhauled in order to accommodate the rapid physical, emotional, hormonal and psychological changes that accompany the 'fourth trimester'.

> They struggle with the lived experience of what it means to attempt to recapture a 'lost' identity, forge a new one, and be responsible for a new kind of body' (Upton and Han, 2003: 670).

Studies on 'fatness' may be particularly relevant for studies on postnatal body image. Nash (2012) argues that although in the West 'fat' bodies are visible in 'public' spaces, 'fat' people are barely seen as people. 'Fat' symbolises an impoverished 'self', lacking control or morality and 'fat' women are represented as 'asexual' and undesirable in modern western culture. Nash (2012) discovered that in early pregnancy women's concerns about their bodies centred on not being 'fat'. To be 'fat' was to fail at being a contemporary woman. Looking pregnant was critical so as not be confused with 'fatness'.

Some women described their postnatal bodies as being ‘out of control’, as weight gain and other physical changes presented themselves (Johnson, 2012).

In analysing media articles on women’s post-birth bodies, Roth et al., (2012) discovered what they termed a ‘racing back’, wherein any signs of having carried or given birth to a baby must be eliminated as quickly as possible, with headlines such as ‘Best Baby Comeback Ever!’ There was an obvious stamp of approval as new mothers showed off their ‘trim waists’, ‘toned limbs’, ‘slim figures’, and ‘taut tummies’ *in record time*. This propounds an ideological process of weight loss post birth as a race - something to be achieved and celebrated. There is an expectation that the body should ‘change back’ quickly. Achieving this represents ‘a certain ultimate social status, the poser of attractiveness, fertility and fame’ (ibid:132). Viewed in this way the female body becomes a kind of ‘currency’ which can be used for acceptance and integration into society. The post-birth body is constructed as unacceptable and in need of a makeover.

Some women describe the changes to their bodies in ways that suggest they have given up conforming to dominant conceptions of female beauty and given in to the reality of having the ‘body of a mother’ (Bailey, 2001). There is an acceptance that this bodily shift had to occur for some women. The ‘norms’ for younger women now no longer apply and a new ‘norm’ has been set – a new motherhood norm that no longer demands slenderness as a prerequisite to beauty, but accepts a ‘paunchy stomach’ or ‘droopy breasts’ as inherent in motherhood (*ibid*.).

For other women, the pursuit of slenderness is ever present with value judgements being made on women who have ‘let themselves go’. Bailey (2001) found that after the birth of their babies, women’s descriptions of their bodies were more functional and that they reported less of a tendency to ‘dress up’ than before the birth. There existed a tension between the needs of their own bodies and the needs of their babies. It could be concluded that the experiences of pregnancy and the postnatal period served to reorient some women’s feelings about the shape of feminine bodies.

Bailey (2001) found two responses to bodily change: alienation from the body (a kind of split between body and mind wherein the body was experienced as separate from the self) and an impulse to micro-manage and control these bodily changes in an attempt to preserve a sense of identity which could be perceived as being in flux. For some, a certain transition had occurred. The divisions between being a certain kind of 'self' for those mothers were not so easily separated from being a certain kind of 'body'.

Bailey (2001) also reported that many of the women found it difficult to describe themselves in sexual terms after the birth of their child (breasts were seen as being 'for' the baby, fulfilling their 'true' purpose). There was a loss of sexuality for most women and for some identification with 'someone's mum' rather than a 'woman'. Bailey found that the desexualisation of their bodies in discourses around motherhood led to a redefining of their bodies as existing for another. With the erosion of the dominant 'slender imperative', the display of their bodies was rendered less important, their bodies viewed more in terms of functionality than appearance. The embodied changes reported by new mothers highlighted the way in which they felt excluded from sexual differentiation. Nash (2010) similarly noted a reported difference between 'sexualising' and 'mothering' versions of femininity.

In her study on postnatal perineal pain, Way (2012) identified how new mothers often describe their recovery after birth within a cultural context which includes social expectations believed to be important as demonstrating a return to normality (such as keeping the house clean, doing the school run, preparing supper). As such, these women's embodied experiences were not lived out in a vacuum but were played out and informed by the socio-cultural environment to which they belonged. Even in the event of a 'normal' birth, Way (2012) found that women experienced perineal pain in the immediate postnatal period due to the stretching, bruising and swelling that occurs after birth. The impact of this, she found, was not limited to managing the bodily symptoms, but extended into other areas of the women's lives. Ordinary, taken-for-granted activities (such as walking, sitting, stretching, lifting) had to be renegotiated. In this way their 'habitual body' (Madjar, 1997 cited in Way, 2012), the familiar, reliable, known body was no longer accessible and a new way of living in the 'changed' body

had to be learned. For women in the postnatal period, the notion of returning to 'normal' was therefore tied up with the notion of regaining their familiar body. In this way their experience of their bodies was intrinsically bound up with being their 'normal' selves.

For many women, then, the postnatal body was an unexpected body, as they had no way of knowing how the birth process would affect them physically, nor the far reaching effects it would have on their 'recovery of self' (Way, 2012). Indeed, Nicolson et al., (2010) found it took 'a while' before the body was recognised as their own. Also, in the case of breastfeeding mothers, there was a feeling of the body still not entirely being their own which was compounded by recovery from pain, trauma and tiredness. Mothers talked about their concerns around the display of their bodies through dressing it – clothes not looking or feeling right any more. There was a sense of the body as having 'a mind of its own', being outside the mother's conscious control whereas previously shape was controllable (Nicolson et al., 2010).

Upton and Han (2003) found there existed for some women a worry that they would be reduced to their biology, that their intelligence would somehow be eroded by pregnancy or lactation, especially within a working environment. These new mothers feared their visible 'mothering bodies' would betray them and mark them as only that.

3.6 Embodied Dimensions of Breastfeeding

Of significance to the theme of post-natal embodiment is the experience of breastfeeding, which is itself a somatic, in-the-body practice (Shaw, 2004). Exploring specifically themes of embodiment in breastfeeding research, it was found that decisions around breastfeeding were framed by women's attitudes towards their bodies and their breasts (Spencer, 2007) and by a desire to establish themselves as either mothers or non-mothers. It is well documented that breastfeeding as an embodied practice is highly emotionally charged and has been associated with grief, sorrow and guilt (Battersby, 2000; Ryan and

Grace, 2001; Shakespeare et al., 2004, cited in Spencer, 2007). It is also deeply embedded in socio-cultural practices and is subject to moral and ethical scrutiny (Shaw, 2004). Breastfeeding can therefore be conceptualised as a complex subjective-corporeal activity 'amenable to wide historical vicissitudes and transformations' (Grosz, 1994:190).

How women go about breastfeeding tells us much about how the maternal body is constructed through both discourse and behaviours raising many possibilities for public performance (Stearns, 1999). New mothers have been found to demonstrate shame and embarrassment around breastfeeding in public spaces, with invisibility becoming a goal for many *(ibid.).* Breastfeeding therefore raises the issue of the appropriate use of female bodies. As Stearns (1999:132) points out 'breasts are a scandal because they shatter the border between motherhood and sexuality'.

Bartlett (2002) summarised studies that showed how a woman's lived experiences are crucial to her body's lactational responses (such as cultural attitudes towards breasts (Silverton, 1993); childhood sexual abuse (Michelle, 1999); faith in spells/curses/ceremonies (Palmer, 1988); medical intervention (Cook, 1996) and adoption (Diamond, 1995).

Schmied & Lupton (2001) found that the intensely embodied nature of breastfeeding was experienced as either 'pleasurable and intimate, a vital means of emotional connection' or 'difficult, unpleasant and disruptive', even 'violent and mutilating'. Pleasure in breastfeeding was connected to mothers' acceptance of the notion of blurred boundaries between them and their babies and the inextricable link between their bodies/selves and those of their babies. Whereas some found this connectedness intimate and harmonious, other struggled to reconcile this with notions of identity that value autonomy, independence and control. Metaphors of intrusion, alienation and devourment were prevalent in these cases.

Women expressed surprise at the intensity and duration of bodily discomfort and pain, ranging from 'mild and temporary' to 'severe or unbearable'. There was a feeling of unpreparedness for the actual physical sensations: 'no-one tells you' (Kelleher, 2006). The physical sensations relating to suctioning, leakage,

latching on, let-down, engorgement and nipple pain, along with the ensuing emotional consequences, were understood to be confined to the private realm (*ibid*.).

Feminist critiques have exposed the marginality of the 'inferior' female body which is 'unclean, uncontrolled and lacking defined boundaries' in contrast to the masculine, contained, autonomous, boundaried, civilised body' (ibid., p.245). Grosz (1994: 203) highlighted the 'horror' of the 'leaking permeable feminine body, the intense discomfort of living in a body with blurred boundaries that constitutes a formlessness that engulfs all form, a disorder that threatens all order'.

This transgression of borders is termed the 'abject' by Kristeva (1982) who tells us that the maternal body is the epitome of the abject body, evoking both idealisation and fear because of its ambivalent status as 'two bodies in one'. Abjection is therefore caused by a disturbance to identity, system and order, as symbolised by the 'continuous separation' of mother who is a 'division of the very flesh' (in Schmied & Lupton, 2001).

Also evidenced was new mothers' desire to have their bodies 'back'. Some spoke of distressing changes to 'known breasted experience' (Young, 2005) of being 'on tap', of having their bodily practices and routines disrupted, of their breasts being distorted in undesirable ways, of breast sensation being 'strange', 'heavy', 'painful' or even 'excruciating', the breast experienced as occupying a different space (Schmied & Lupton, 2001).

Mahon-Daly & Andrews (2002) conceptualise breastfeeding bodies as physically different, having different functions, being relatively uncommon and only experienced by a minority. The breastfeeding body is therefore arguably itself in a liminal state, having to fulfil both its former biological and social functions as well as new ones. According to Dana Raphael (1973) breastfeeding mothers are in a *matrescent state* which involves an intuitive kind of tacit knowing which is ontological in its origins. This primordial state is realised not only by thought and emotion, but by the body itself (Ryan et al., 2011).

Palmer et al., (2010:7) conceptualise breastfeeding as more than just a biological adaptation. Rather they view it as an existential challenge, a

> 'balancing act between the infant's and the woman's needs. This entails a movement from a bodily performance to an embodied relation with the infant and oneself, which might be understood as developing a new aspect of being (Heidegger, [1927]1988) for the new mother'.

The milk and breast might (just as in Merleau-Ponty's (1968) '*the chasm'*) be understood as a link between mother and infant. Breastfeeding, understood in this way, is 'a communion between two dyadic bodies in an inter-corporeal way of being where two subjective bodies are directed to each other and intertwined in a synchronic way' (Palmer et al., 2010:7). This leads to a shared body experience affecting the being of the other.

Ryan, et al., (2011) discovered an 'embodied knowing' about breastfeeding which went beyond the idea of instinct, reflexes or hormones. This embodied knowing (which they termed 'interembodied') exists between the mother and baby and has three dimensions: calling, permission and fulfilment. In all three, mother and baby are involved in a primordial, non-verbal longing for the other, both bodies responding with immediacy and intimacy. This inherent bodily knowledge which is pre-reflective, pre-verbal, pre-conceptual, affected how mothers thought, understood and behaved. In this way the embodied, emotional knowledge exemplified through the experience of breastfeeding illustrates the essence of existential concepts of embodiment as understood by Husserl, Heidegger and Merleau-Ponty and Gendlin.

Kirby (1997) further argues that the female body is a field of information, a tissue of scriptural and representational complexity and that breasts are 'fields of knowledge ' (p.185). In a similar vein, Elizabeth Wilson argues for 'a mutually obliging ontology of muscles and memories', suggesting that 'the nature and function of … muscles … is coterminous with the nature and function of psychology' (in Bartlett, 2000:184). In this way our bodies and our thinking are co-determined, our bodies informing how we think and experience and vice versa. Bartlett (2002) suggests that breastfeeding might be conceived of as a

form of bodily intelligence and breasts as ‘thoughtful, knowledgeable, responsive, literate’ (p.381).

3.7 Critique of the Literature

Of the forty-five papers included in this literature review, seventeen were theoretical articles and twenty-eight were research studies. The research spanned the phenomenological-discursive divide, but was largely dominated by sociological, political, anthropological, ethnographic and feminist theory and debate. Only seven of the studies stated used a phenomenological research methodology (Upton & Han, 2003 and Savage, 2006), five being explicit as to the actual method used: Johnson, 2004 (IPA and *Discourse Analysis),* Palmer et al., 2010 (R*eflective Life-World)*, Ryan et al., 2010 (*Giorgi’s Descriptive Phenomenology)*, Savage, 2006 (*Hermeneutic phenomenology)*, and Shelton, 2007 (*narrative analysis and phenomenology*). Of these seven phenomenological studies, only one was directed specifically towards an exploration of embodied experience post-natally (Upton & Han, 2003).

Upton and Han’s (2003) ethnographic study, although phenomenological in intent, nevertheless had a large sample size (N=60) and Shelton (2007) also had a relatively large sample size, drawing her findings from 26 separate interviews. These larger sample sizes perhaps limited the researcher’s opportunity to explore the phenomenon more deeply. Upton & Han (2003) offered no exploration of the participants’ narratives, focusing rather on the anthropological and ethnographic importance of women’s lived experiences of their post-natal bodies. Their study is nevertheless rich with meaningful data and they note the absence of phenomenological interpretation as a limitation, inviting further phenomenological investigation of the themes they uncovered.

Savage’s (2006) research was oriented towards perinatal education and whilst the title promised an investigation of the lived experience of knowing in childbirth, the findings were more specifically enlightening of women’s sources of knowledge *about* childbirth, with all of the participants being primigravidas

who had not yet experienced birth. In many of the findings there was a focus on what was said, rather than what was implicit in what was said. Johnson (2010), for instance, alluded to, but didn't fully address the 'complex and dynamic' nature of perceptions of bodily changes and the findings were therefore lacking in meaningful interpretation and limited researcher reflexivity.

By contrast, both Palmer et al.'s (2010) and Ryan et al.'s (2011) studies rigorously explore the bodily experiences of breastfeeding and offer novel ways of understanding the inter-embodied breastfeeding relationship between a mother and her baby. Ryan et al., in particular, focus on the mother's inherent bodily knowing – pre-reflective, pre-verbal and pre-conceptual knowledge - that informs ways of thinking, behaving and relating as mothers. The research illustrates how inextricably linked our bodies are to our mental and emotional processes and to the formation of maternal identities. There are echoes here of Gendlin's concept of 'felt sense' and Polyani's notion of 'tacit knowing' that underpin and give credence to my own orientation towards the phenomenon of embodied experience and inform my intention towards researching it.

Of the remaining studies, ten used various forms of Discourse Analysis, four employed Grounded Theory and one used a Narrative Analysis. Three offered a Thematic Content Analysis to examine the social construction of maternal body image in the media, scrutinising magazine articles that spanned three continents (United States, Australia, New Zealand and United Kingdom). A further three provided a meta-synthesis of findings from previous studies. Most of this research is interested in the construction of narrative and socio-cultural discourses rather than in lived experience per se (such as Akrich & Pasveer, 2004; York, 2006, Nash, 2012). These studies allude to, but don't explore, the ontological dimensions of maternal embodiment. Bailey (1999), Earle (2003) and Nash (2012) all seek explanation for why women fear fatness and for the sociological origins of body image concerns. Although discursive in focus, these studies nevertheless stumbled upon ontological themes at every turn, themes that, tantalisingly, were documented but then brushed over, uncommented upon and left unexplored. I felt that, with careful and sensitive interpretation, so much more could have been gleaned from the data but remained untapped into, limited as it was by its methodology.

Similarly, while Nicolson et al. (2010) and Ogle et al. (2011) were explicit in their aim to provide accounts of what it is like to reside in a liminal, post-partum body, they nevertheless seemed more concerned with offering findings that supported social interactionist or feminist theories than exploring lived experience itself. As a result participants' feelings about their bodies were not dealt with explicitly and issues of selfhood/identity were not addressed. In other studies (Neiterman, 2012; Bailey, 2001), the body was discussed in abstract terms – the body as 'doing' something, or of body 'usage', rather than on how the body is experienced. These papers contribute to our understanding of the performative function of gender and the organisation of constructs of femininity as opposed to evoking or interpreting experience. Since many important and significant ontological points are raised in these studies, what needs to be added to this body of knowledge are more nuanced insights into how the idiosyncratic, highly subjective and often private socio-biological events of pregnancy and childbirth are experienced and made sense of by women themselves.

The socially constructed nature of body image and body experience was therefore well represented in the literature, but to the extent that I began to feel the body had got lost or had been, as referred to by Shildrick & Price (1999) 'emptied of its organs, leaving only an inscribed surface'. An overview of the literature left the impression that the body had been consumed by theoretical agendas and hijacked by political ideologies. There was a marked dichotomy in the literature, with women's bodies conceptualised as either 'cabinets' or 'cages', bodies that are to be either displayed or endured. There are echoes here of the Cartesian 'ghost in the machine' that existential-phenomenological theorising and research seeks to dispel. It is true that the discursive turn has already been accused of 'bodysnatching' (Davis & Walker, 2008) and whilst existential-phenomenological theory accepts that we are both body *and* culture, biological *and* inscribed upon, what can go missing from discursive accounts of embodiment is a consideration of subjective embodied experience *as lived*, an attempt at capturing the vagaries and nuances of bodily subjectivities in ordinary, taken-for-granted, day-to-day lives and an exploration of what this might mean *for the women themselves*.

To do this there needs to be a stripping away of received theoretical constructs and wisdom in order to allow for fresh bodily wisdoms to show themselves; there

needs to be a bracketing of theoretical insight and meaning to allow for subjective, inter-embodied insight and meaning to be unveiled. Where this was achieved in the existing studies either by design or unwittingly, there was a marked effect and the understanding fostered by this was somehow more profound, enlightening, disturbing even. It is these rare glimpses throughout the literature of the immediacy and rawness of experience, attempts at describing the ineffable and grasping its many possible meanings that I seek to emulate in my own study. Examples throughout the literature of, for instance, powerful descriptive accounts of the moment of birth, of 'bodies splitting', of 'insides falling out' and the pain and tearing signifying 'the end of me' (Lupton and Schmied, 2012); and the 'stretching, swelling, bruising, searing tearing of muscle and tissue' experienced at the moment of birth (Way, 2012) that render embodied experiences so vibrant and significant. For example, Way's (2012) sensitive and evocative study of perineal pain following childbirth, although focused primarily on the generation of theoretical ideas using grounded theory, nevertheless offered a beautiful and insightful (and altogether fresh) account of the post-natal body in pain and highlighted the far-reaching effects of the physical aftermath of birth for many new mothers.

There are, in conclusion, nods across the literature, whether phenomenological or not, to the ontological dimensions of maternal embodiment which are ripe for exploration using hermeneutic-phenomenological approaches. I'm not suggesting any claim to superiority of method here, but merely proposing that without the addition of a phenomenological shift in focus, the findings could remain incomplete, impoverished even. My research aim, therefore, is to add women's voices to the corpus of knowledge around maternal embodiment in an attempt to capture the uniqueness and novelty of each woman's relationship to her embodied self and understand how a biological event such as giving birth can precipitate such a profound shift in subjectivity and embodied being-in-the-world. In using a phenomenological lens we will perhaps be better able to explore the body as active, thoughtful, unpredictable, fluid, changeable and imbued with consciousness.

It must be noted, finally, that homogeneity of sample was a problem evident across the literature (my own study included) with the dominance of white,

educated, married, middle-class women dominating the participant pool of most of the research studies included here (exceptions being Neiterman, (2012), Longhurst (2005), Stearns (2013) and Kelleher (2006)). The experiences of mothers who are young, old, poor, disabled, unmarried, lesbian or from ethnic minorities are largely unrepresented in Western literature on maternal embodied experience and any findings discussed here are to be viewed as necessarily incomplete as a result.

CHAPTER 4

Methodology

The poet must become more and more comprehensive, more allusive, more indirect, in order to force, to dislocate if necessary, language and its meaning . . .

(*T S Eliot, 1974:173)*

This chapter is divided into six sections. The first, ***Phenomenology, theory and method*** explores the main philosophical underpinnings of phenomenology as a research method beginning with its founder, Edmund Husserl and charting its development from empirical descriptive to more interpretive, hermeneutic phenomenological research methodologies. In ***Hermeneutic research methods*** an overview of the various hermeneutic phenomenological methods is considered in relation to the aims and objectives of my research topic and a rationale given for my approach of choice. Following on from this, I offer a ***Reflexive statement*** laying out the procedures I put in place to ensure my own intentions towards the topic remained transparent and brought to awareness throughout the study. I then give an overview of my recruitment and screening methods in ***Data collection*** and a step-by-step guide to the actual analytical process is explicated in ***Data analysis***. Finally, a consideration of any ***Ethical considerations*** in relation to carrying out this study is fully addressed.

4.1 Phenomenology: Theory and Method

Phenomenology is the science of experience. It is also a research method. It is the search for 'those processes of consciousness that give the objects that appear in awareness meaning, clarity and discrimination' (Polkinghorne, 1989:45). Rejecting the need for an a priori hypothesis, phenomenology emphasises description rather than championing a search for causal

explanation. Methodologically this requires focusing on first person accounts of the lived experience of a particular aspect of existence and extrapolating from this the underlying structure or meaning of this experience. The findings in this way reflect both the individual idiosyncratic meanings as well as the universal structure (essence) of an experience.

At its inception, phenomenology, under the direction of its founder, Edmund Husserl (1859-1936) was a purely descriptive endeavour whose project was to arrive at the pure 'essence' of things, staying as close as possible to the person's own description of their experiences. Attempting to satisfy Husserl's ([1936]1970) claim that 'all knowledge is ultimately grounded in human experience' (in Polkinghorne, 1989:45) the aim in descriptive phenomenology is to elicit rich descriptions of concrete lived experiences that illuminate for the reader the lived world of that person, bringing us closer to understanding the essence or the 'inner necessities' of the experience. The approach here is one of applying an 'eidetic epoche' wherein the particular experiences of participants are reduced or stripped away to reveal a universal 'truth'. Variations on this descriptive phenomenological research method have since been proposed by Giorgi (1985), Colaizzi (1978), van Kaam (1969) and Ashworth (2003).

Later on, Heidegger argued that rather than focusing on purely describing phenomena, more interpretive methods were needed since, he argued, all description is necessarily interpretation. In keeping with the hermeneutic tradition, Heidegger was concerned with the interpretation of text which he believed to be vital in order to illicit meaning and move beyond the data. Since we are not capable of seeing the essence of a phenomenon in any way other than our own and describing it using unambiguous language, it is therefore necessary to situate our descriptions within the context of our cultural and historical reality. Hermeneutic phenomenology therefore attempts to illuminate embedded meanings from a relational point of view.

Whilst a positivist epistemological position assumes that 'the external world itself determines absolutely the one and only correct view that can be taken of it, independent of the process or circumstances of viewing' (Kirk & Miller, 1986:12), the hermeneutic phenomenological position accepts that observation and

description are necessarily selective and that our perception and understanding of the world is therefore partial at best' (Willig, 2003:3). Phenomenology also assumes an epistemological stance that regards knowledge as a product of both history and culture (constructed through language). Meaning making is therefore an inter-subjective project which is at best always only partial, incomplete and subject to multiple interpretations.

Irrespective of whether a descriptive or hermeneutic approach is adopted, phenomenological research always invites us to immerse ourselves in the present, to linger and expand into the moment as we are currently living it, to breathe into it, relax into it, have a look around, play with it, see it, hear it, smell it, touch it, wallow in it, fill ourselves up with it and shine the light of curiosity into every nook and cranny of it, allowing ourselves to delve deeper and notice, maybe for the first time, the nuances of our experience of being human. Its purpose is to strike a chord with the reader, to remind them, challenge them, unsettle them, wake them up (Finlay, 2011).

4.2 Rationale for Chosen Hermeneutic-phenomenological Approach

I assume a 'critical realist' epistemology, with relativist leanings, believing that if something called reality exists, what I know about it will always only be selective, partial and incomplete, my own particular version of it. Each individual therefore has their own idiosyncratic, subjective and equally valid 'take' on what constitutes reality. My relativist leanings lend me to believe that knowledge is a product of both history and culture and that it is constructed inter-subjectively through language. In choosing a suitable research methodology it made sense, therefore, for me to adopt a research methodology which shares this view. I also position myself on the interpretive end of the phenomenological spectrum, believing that interpretation is needed to tease out meanings that are contextually related to the participant, to the researcher and to the participant-researcher-research triad (Finlay, 2011) and to uncover or bring to understanding meanings that are implicit, hidden, concealed or veiled. Since

much of our experience is unique to us and often ineffable and therefore uncommunicable, reliance on precise description alone seems naïve and interpretation becomes vital in order to move beyond the description and render it meaningful. Since I am aiming to explore in depth individual experiences and hopefully challenge and reveal novel and extra-ordinary ways of interpreting meaning, as opposed to getting at underlying essences or universal structures (although these may organically emerge from the analysis), I steered away from the more empirical descriptive methods of Giorgi (1985), Colaizzi (1978) and van Kaam (1969).

The descriptive life-world methods such as Dahlberg et al.'s (2001) Reflexive Lifeworld Research, Ashworth's (2003) Fractions of the Lifeworld Research and Seamon's (2009) Geographical Lifeworld Research were, for the same reasons, considered ill-suited to the more interpretive project of my own research study. (Ashworth's lifeworld 'fractions', however, used as a heuristic to guide the analysis and interrogate the text could prove a useful means of orientating existentially towards phenomena and could be used in a hermeneutic study such as mine to explore in a systematic way the existential dimensions of experience. Being primarily concerned with the existential 'embodiment', I felt that a consideration of existentials *viewed as separate* would detract from the essential focus in my study on the way in which all seven existentials are inherent in the phenomenon of embodiment and can never really be differentiated completely. To study 'embodiment', therefore, is to study the seven fractions of the lifeworld).

I therefore considered a hermeneutic phenomenological method because of its emphasis on personal and epistemological reflexivity and the possibility of interrogating my own, as well as the participant's, values, experiences, assumptions, beliefs, interests and social identities. (Willig, 2003).

Of the various hermeneutic methods currently in use, van Manen's (1990) approach was more suited to my own intentions towards the research question. In contrast to Smith's (1996) Interpretative Phenomenological Analysis (IPA) it allowed me (i) to focus on the shared experience of the phenomenon, rather than on specific private cognitions; (ii) to view the method as a heuristic, rather

than relying on coding; (iii) to move away from using language as a fixed tool which communicates unambiguous meaning towards an acceptance of the constitutive and representational role of language; (iv) to explore non-propositional (pre-verbal, pre-reflexive and tacit) forms of knowledge accessible through embodied enquiry; (v) to engage in the use of the hermeneutic circle, balancing parts and whole with no beginning and no end, exploring multiple possible meanings; and finally (vi) to become more creatively engaged within the dialogue (at the interview stage) and with the ensuing text (at the analysis stage), as a co-producer of meaning.

IPA is, by contrast, more systematic in its approach, offering a series of four consecutive steps worked through in a coherent order (see Smith & Osborn, 2003). Whilst this might have been reassuring to me as a novice researcher, I was suspicious of the neatness promised by this method. I was drawn to something more fluid, seamless – circles rather than columns, something which might push me out of my own comfort zone and encourage me to go beyond the immediate and do justice to the unfathomly complex, beautifully intricate and inexhaustibly rich theatre of lived experience.

Although I was drawn to Critical Narrative Analysis (Langdridge, 2007) with its emphasis on narrative tone and function, the possibility of a critical moment for both researcher and text and the opportunity of employing a 'hermeneutic of suspicion' (using socialist-feminist theory), to examine issues of power and politics within wider childbirth narratives, I was mindful of the hugely time consuming and intellectually sophisticated nature of this method. I therefore felt that, given the time constraints of the DCPsych and the fact that this is my first attempt at using a research methodology at all, I felt a Critical Narrative Analysis of this particular topic, whilst being profoundly interesting to me and extremely pertinent to the subject matter, could remain a suggestion for further research. After my initial findings have been written up I would like at some point in the future to submit the data to a Critical Narrative Analysis in order to go beyond the idiosyncratic and essential nature of the phenomenon of embodiment, to go deeper into the wider canonical narratives in which the phenomenon is

embedded and explore the cultural, social and political factors that frame current understandings.

Due consideration was given to the Reflexive Relational approaches of Moustakas (1990), Sela-Smith (2002) and Finlay and Evans (2009). I was drawn the these approaches as they facilitate a coming together of researcher and participant in a joint phenomenological endeavour, allowing meanings to be co-created through embodied dialogical encounter, the inter-subjective space becoming the locus of all new understanding. Of interest to me was the enormous transformative potential for both researcher and co-researcher and the possibility of a deeper and more meticulous interrogation of my own reflexive stance.

For now, however, I chose to use Max van Manen's hermeneutic phenomenology, not least because I was seduced by his approach (in his book *Researching Lived Experience*) to eliciting rich and meaningful data. Of all the different phenomenological 'methods', I felt the versatility, creativeness and thoughtfulness of van Manen's approach best suited my intentions towards this particular subject. Guarded against the seductive illusions of technique (Barrett, 1978) I was drawn to van Manen's refusal to specify and rely on a fixed method, preferring to adopt his more heuristic approach to the text, examining with fresh eyes possible unexpected and unpredictable meanings that might unwittingly be shut down by the use of a priori codes and systematised methodologies before analysis has even begun. Following Gadamer ([1975] 1996), his approach to analysis allows for a more creative engagement with method and gives the researcher the opportunity to play with myriad understandings of the text.

His approach also recognises and facilitates an understanding of ourselves as discursive entities, this enables a dialogue to take place with the text which opens the way for a 'fusion of horizons' (*ibid*.), wherein both the researcher and the participant become co-creators of fresh, new, innovative ways of understanding a particular experience. The focus here is on our shared experiences (rather than private cognitions) and since language (and in this case text) isn't thought of as something fixed and unambiguous, novel and creative meanings are allowed to emerge from the data.

As a phenomenological piece of research, I was not aiming to deliver a conclusion but rather produce a systematic, explicit, self-critical and intersubjective study of the lived experience of the body during and after childbirth that aspired to be 'an incantative, evocative speaking, a primal telling, wherein we aim to involve the voice in an original singing of the world' (Merleau-Ponty, 1973:13).

I was also interested in understanding, not only my own and my participants' lived experience, but also in examining the universal structures underpinning the experience. Van Manen's thematic approach to analysing the data facilitated that. His emphasis on methodologically zooming in and out of the text, focusing on, at times, holistic, particular and detailed themes encouraged the adoption of multiple perspectives and guarded against idiosyncratic or selective ways of interpreting the text, opening up the possibility of 'a free act of seeing' (van Manen, 1990:79). I enjoyed this meticulous approach and found the balance satisfying.

As a practitioner-researcher, I was attracted to a phenomenology of practice, a living, breathing phenomenology which is rooted in and applied to lived experience. Van Manen's phenomenology lends itself to the specific orientation of the researcher-as-professional, phenomenological enquiry both stemming from and going back to professional practice in a hermeneutic way and, as such, both personal and professional development are on-going, continually unfolding and offering insight into the phenomena that interest us and orient us towards life.

Van Manen's phenomenology encourages and facilitates a continually free approach to any profession, calling us to disregard received wisdom and look again, pushing us out of our comfort zone towards the unknown. It welcomes innate knowing, encourages felt sense (Gendlin, 1997), allows playfulness and craves creativity, which is both thrilling and terrifying for the novice researcher. It is refreshing to shrug off for a moment all prior knowledges, close the books and turn to the self for answers. This requires a deep involvement with language and brings us into contact with the frustration of linguistic limitation, allowing us to see how much we rely on agreed upon words, phrases and

concepts that don't adequately convey our meaning. It necessitates rummaging around on the edge of consciousness for half-formed, vague understandings that feel right but refuse to be squeezed into the one-dimensional world of language. Language being the tools of my trade, these linguistic meanderings open up the possibility for fine-tuning communication. To name something that has been lurking in the shadows, half-felt, like the atmosphere of a vague dream, sensed but not formed, is the reward of deep phenomenological investigation. We experience reflexively life's meaning on a sensory, pre-reflective level and bring this to conscious awareness where it can inform and shape our lived experiences and our ability to communicate this to others. This enables us to produce valuable human insights, to see the extra-ordinary in the ordinary, to appreciate in a new way the taken-for-granted aspects of our existence.

4.3 Phenomenological Writing

Van Manen's phenomenological approach is rooted in the writing. The writing, he claims, *is* the research. As I commune with the textorium, I ingest, not only the words on the page, but the spaces between the words, the inherent meanings. I linger here as I embody my lived experience of the interview – the lilt and tone of the voice, the pauses, facial expressions, how the body was held, moved, tensed, relaxed, the energy behind the words, how they either fly out of the mouth, fully-formed or stagger out half-dazed and confused, apologetic, tentative, disguised. The writing is the product of this communion, filtered through my own understanding. I am aware that no sooner have I put words to this 'fusion of horizons' than I have limited its possibility of evolving further, of becoming something else, which of course it must. So in naming my understanding I am paradoxically rendering it stagnant, fixed in place and time. The words stay fixed, but the experiences move on and demand to be 'captured' anew. Just as a snow-flake cannot be directly experienced as it dissolves to the touch, so too our experiences remain ungraspable and ineffable and phenomenological writing can offer little more that a signpost to meaning. In

writing we are looking to capture the still point at the centre of the dance. Here there are no 'things', no manifestations of experience, just the rawness of experience itself as it is encountered by the body-mind, unclouded by individual perception and interpretation, unblemished by language. The movement involved in turning this stillness into language disturbs the essentiality of pure existence and what we then describe is only an approximation of the 'thing' that has manifested from the still depths as a result of our probing. We can never 'get at' stillness without inevitably creating waves. We can only attempt to turn waves into text, to interpret the un-interpretable and be satisfied with that.

In entering the space of the text I am aware that I am in touch with something that signifies meaning for me. The research endeavour is to bring to words, in a new text, my own lived experience of the original one, so that the reader may enter and dwell in it and get in touch with my meaning-making as it resonates with them. In feeling my way into meaning I have to hold my nerve; I'm aware of a change in my body, an expectant stillness takes hold. I'm thinking with all my senses, and waiting to be touched by something; And then I grapple for a word, whilst simultaneously holding on the the 'thing', the pregnant nothingness. But in engaging my brain I loose the intimacy with it and all that is left is an atmosphere, a hang-over that is too ungraspable to be named. I feel a loss and an emptiness when it goes. And a disappointment. I will it to return; I try to recapture it again, to evoke it, embody it, but it has passed me by. The promise of insight is gone and I am bereft. I put down my pencil, empty-handed. But sometimes I hold my breath and feel my way in ever closer, as if trying to extract a tooth from a sleeping lion. I gingerly make my approach and wait for the tooth to be offered to me. At times it comes to me whole, fully-formed, in a flash. I have complete access for that intense moment of openness. I understand in a way that I cannot possibly explain and am left dizzied and euphoric, without words to pin it down. For there are no words for this knowing, no words at all. What I have opened myself to feels instinctively right but so immediate that it sits outside language's clunky attempts to describe and communicate. I am at once triumphant and yet alone. I am alive on a whole other dimension – from the outside I still look the same, inside I am changed. Some kind of alchemy has occurred that is not material. I am truly alive, but spent. I resist movement

for a while as I know it will break the spell and life will go on, but I am fuller, drunk with life. I have been to an exotic land and glimpsed its riches. I want to tell you all about it, but what is there to say? You'll never know it like I did. But still I try . . .

4.4 Reflexive Statement

As a hermeneutic phenomenological researcher I am reflexively aware of the structure of my own experience of the phenomenon I am investigating and as such recognise that my experience *may or may* not be the possible experience of others, and that the experiences of others are possibly my own (van Manen, 1984). Following Husserl's ideas of the phenomenological reduction, I am called to 'reach beyond the natural attitude of taken-for-granted meanings and understanding' (Finlay, 2011:73). This means that since my own subject position (as a mother of three myself) places me in an 'insider's' role with regard to experience of maternity, I was particularly mindful of bracketing my own knowledge and assumptions in an attempt to meet, with openness and curiosity, the experiences of the Other. In facilitating an exchange of ideas and experience, it felt right that there should in some way be a dialogue between myself as researcher and the participant. I was interested in understanding the embodied experiences of women in the postpartum *as lived,* just as I understood and made sense of my own experiences. To this end, I recorded in written form (as explicated in the introduction) my own understanding of my embodied experiences throughout the transition to first-time motherhood and made use of this in attempting to make sense of my personal orientation towards the phenomenon. I remained mindful, due to the more negative qualities of my personal experience, of any negative bias this might affect, both at the interview stage and during the analysis. I therefore kept a research journal in which I recorded my own personal perceptions, experiences and unfolding understandings throughout the research process in order to be able to see more clearly, and also interpret, what was emerging from the text through me. I was also mindful of a need for a 'critique of the illusions of the subject'

(Langdridge, 2007) in order to clarify and perhaps expose what exactly it was that I was bringing to the project and how this might influence any findings. I therefore used Langdridge's ten questions to encourage a reflexive approach to research, as follows:

- *Why am I carrying out this study?*
- *What do I hope to achieve with this research?*
- *What is my relation to the topic being investigated?*
- *Who am I and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, disability and other relevant cultural, political or social factors?*
- *How do I feel about the work?*
- *How will my subject position influence the analysis?*
- *How might the outside world influence the presentation of findings?*
- *How might the findings impact on the participants?*
- *How might the findings impact on the discipline and my career in it?*
- *How might the findings impact on a wider understanding of the topic?*

4.5 Data Collection

Recruitment for this study was canvassed through flyers placed in local playgroups and nurseries and via word of mouth. Only mothers whose babies were between six and twelve months old were eligible to participate. This was to give the new mother a chance to adapt to motherhood, whilst ensuring that the birth of her baby and the immediate post-natal period did not seem so long ago that they couldn't be recalled with clarity and a sense of embodied remembrance. In recruiting the participants, this study had just one criterion: that they were all first-time mothers. No other distinguishing factors were deemed necessary for the purposes of this study as I was exploring the experience of giving birth for the first time and what it feels like to inhabit a postpartum body. The themes that emerged during the course of the study reflected only the experiences of these particular participants with no intention to make general

knowledge claims regarding other mothers' experiences.

Five of the participants for this pilot study responded to the flyers and one contacted me through word of mouth. They all got in touch with me initially via email to register their interest in participating and I initially responded by sending them a Participant Information Sheet (see Appendix A). Once they had received and read this, they got back in touch to arrange an interview. Five of the participants chose to be interviewed in their own home and one chose a private room at the local library. Before commencing the interview each participant agreed to sign a written Consent Form (see Appendix B).

The inclusive nature of the study necessitated screening for vulnerability and risk. In addressing this I conducted a brief assessment with each participant prior to interview. This assessment was in the form of a one-page Screening Form (see Appendix C) covering the participant's psychological and psychiatric history and an overview of risk. This was completed by each participant before the interview took place and provided valuable information which enabled me to better monitor and manage any risk in the event that they became distressed during or after the interview. Each participant was told that they could stop the interview at any time if they felt too distressed or uncomfortable to continue.

The interviews lasted between seventy and ninety minutes and a digital voice recorder was used for recording purposes. The intent of the interview was not to get specific, pre-formulated questions answered, but to sensitively explore the embodied experiences of the research participant (see Appendix D). The participant was debriefed after the interview and given a Debriefing Sheet (Appendix E) outlining again the aims and objectives of the study, stating what would happen to her data and giving my contact details should she have any future queries. Additionally, special care was taken to appraise her of all the options available to her should she wish to seek help and support following the interview and a list of agencies and services was given to her to take home.

4.6 The use of a screening tool

In deciding to screen and therefore better protect the participants prior to interview, I also had to take into consideration any possible negative effects the use of a screening tool might have on the relationship between myself and the participants and on the course of the interview as a whole. Problematising the use of a screening tool included addressing the real possibility of inviting a power imbalance into the interview room, of setting the interviewer up as a 'clinician', a 'knower', an 'expert'. It also may have brought the 'taboo' subject of 'post-natal depression' into the room, potentially alerting these new mothers to possible 'hidden agendas', feeding into fears of being judged as not coping or of being incompetent at motherhood. This may have inhibited the participants in relation to sharing with me their 'real' experiences in the post-natal period. On the other hand, bringing the subject of mental health into the interview might have invited an atmosphere of acceptance and permissiveness with regard to exploring that side of their experience. In considering these possible problems in using the screening tool, I nevertheless decided to include it since I concluded that the benefits outweighed the risks and that, ethically, it enabled me to protect my participants by a priori screening for vulnerability and risk.

4.7 Risks to Researcher

In order to minimise any risk involved with interviewing participants in their own homes, I conducted an a priori check of each participant's specific location by way of assessing any potential risks. I then informed my husband of the date, time and location of each interview and telephone him just before entering each home and immediately upon leaving.

4.8 Table of Participants

PART.	AGE	BABY AGE	MARITAL STATUS	EMPLOYMENT STATUS	ETHNICITY	TYPE OF BIRTH
Carol	35	12m	Married	Not working	Jersey	VENTOUSE
Celeste	34	15m	Married	Full-time at hospital	Portuguese	NATURAL
Clara	32	13m	Married	Full-time Physiotherapist	Jersey	NATURAL
Amanda	36	6m	Married	Not working	Jersey	NATURAL
Jen	35	7m	Married	Not working	Jersey	NATURAL
Charlotte	33	9m	Married	Full-time office	Jersey	C-SECTION

4.9 Data Analysis

The essential analytic task was to follow van Manen's (1990) approach of deeply familiarising oneself with the texts via numerous readings and then separating incidental from essential themes. This was achieved by subjecting the text to three analyses: wholistic, elective and detailed, asking 'what statement(s) are particularly revealing or essential to what the experience of being in a post-natal body *means* for the participant?' In identifying themes, I was guided by van Manen's assertions that 'grasping and formulating a thematic understanding is not a rule-bound process but a free act of "seeing" meaning '(*ibid*. p.79). I therefore understood the concept of a phenomenological 'theme' (or structure of experience) as more of a tool or organising structure to be used to *get at* and make sense of the participant's experience, rather than as an attempt to codify, develop theory, identify descriptural categories or count the occurrence of them. I was concerned more with opening out meanings as opposed to shutting them down, always asking 'and what else?'

Initially I analysed each of the six transcripts one by one. In undertaking the analysis. I read and reread the text several times, discerning the underlying 'gist' of it. I noted at the end of the overall reading of the text my initial impression and formulated a possible theme which best described the text as a whole. I then went through and systematically highlighted any sentence or sentence cluster that was particularly revealing or relevant to the phenomenon of embodied experience or new motherhood, all the time making notes in the margin of moments of emerging possible themes. Concurrently, I kept a record of my own impressions, thoughts and assumptions as they occurred to me whilst reading in an attempt to separate what belonged to me and what belonged to the text.

I then transferred all the themes I had identified onto individual cards. On separate cards, I recorded any particularly significant or evocative quotes from the text that were illustrative of any of the identified themes. Once I had

extracted and noted all the themes and significant verbatim, I then conducted a line-by-line analysis, extracting further relevant or meaningful themes that were previously only implicit in the text. These were also recorded on cards and added to the 'pile'. Once I was satisfied that the text had been rigorously analysed and I could find no further themes, I laid each card out on the floor. Some themes merged naturally together, the one being subsumed by the other, and these formed separate piles. I repeated this, identifying meta- and sub-themes and sorting them into separate piles. What was left was an array of stray, weak, or unsubstantiated themes, themes that were not deemed essential to the meaning of embodied experience. These themes were put aside rather than dropped in case they became relevant at some later stage in the analysis. (See Appendix L for an example table of themes).

The existing piles of themes were then worked and reworked until strong meaningful thematic clusters emerged that could each be described under one thematic heading. This necessitated moving some themes and meta-themes around, or even dropping those that didn't fit and I continued until I was satisfied that the final list of themes adequately described and encapsulated both the meta-theme and all the sub-themes ascribed to it, as well as being fully supported with verbatim from the text (Appendix M). The analysis was then ready for the interpretative and narrative task of phenomenologically 'fleshing out' possible meanings. This process was carried out on all six individual transcripts and each participant's interview resulted in a 'stand alone', individual analysis, each interpreted separately under idiosyncratic thematic headings (see appendices (F), (G), (H), (I), (J) and (K).

In order to reach a more general analysis incorporating the findings from all six interviews, I looked at each transcript afresh, this time attempting to identify underlying structures and invariant features of the experiences described and honing in on the more existential/ontological dimensions of these experiences. This involved necessarily dropping all previously identified individual themes, going behind and beyond these to allow deeper meanings to emerge. As I read the individual transcripts I made notes of any seeming or possible invariant features, letting them blend with my impressions and understandings of all the

participants' experiences gleaned from my many hours spent dwelling in their verbatim. I was looking for common or shared elements of their experiences that went beyond what I had previously identified. To this end I was always asking of the text (and of myself) 'and what else could this mean?'

For each participant I distilled meaning/themes down to as few headings as possible, being careful to ground these in the text and evidence with verbatim. Following this I physically cut up each transcript, allocating identified general themes to 'piles'. This resulted in six or seven possible themes (which at this point had various possible headings), but upon reading each 'pile' separately each theme was more easily honed to produce a theme heading that adequately described and incorporated all participants' experiences and extraneous material was weeded out at this stage as being too idiosyncratic, variant or irrelevant for inclusion under this theme. Much thought was put into naming the theme as it was important that it reflect, encompass and represent each individual's separate experience of the phenomenon. During this process general themes emerged that would have been impossible to predict during the individual analyses and the reworking enabled a kind of layering of themes with my impression being one of having lifted the words to look behind my more immediate interpretation to find fuller, deeper, even surprising meanings emerging. What was left out was the resultant 'pile' of themes that were deemed too unique to the individual and too variant in nature to be expressive of the underlying experience being described.

Eventually the distillation process, whereby smaller themes where either dropped, absorbed or subsumed under more general themes left me with four major general themes that I felt encompassed, described and expressed the essential nature of the phenomenon which was then evidenced by each individual's specific and unique experience of it (see appendix M) My approach remained highly inductive throughout this process and all the revised general themes were worked and reworked until I was satisfied that each could be evidenced with verbatim from a minimum of two participants' narratives and in most cases, themes were evidenced by verbatim from between three and six participants.

I remained throughout this whole process aware of the deeper goal of phenomenological research, which, according to van Manen, is 'to author a sensitive grasp of being itself' (1990:132), and was oriented to the phenomenon of post-natal embodied experienced as *an essentially human experience.* Mindful that the writing process is inseparable from the research process itself (*ibid*.), I put considerable effort into this part of the analytic endeavour. Following the iterative process of van Manen's hermeneutic methodological approach, I took pains to regularly revisit the text to ensure any interpretations were grounded in the participant's own words.

In sourcing the scope of the phenomenon I not only relied on the transcripts and my review of the phenomenological literature, but also explored etymological material (terms such as 'body', 'embodiment', 'mother', 'pregnancy', 'postnatal', 'birth'); anecdotal and autobiographical accounts; idiomatic phrases; and works of art (paintings, poetry, novels, film) to uncover other possible human experiences of the phenomenon I was addressing.

4.9b Ethical Considerations

I believe this research project did not infringe upon any of the ethical principles for conducting research proposed by The British Psychological Society (2010). The Participants were fully briefed as to the nature and aims of the study, written consent was obtained and a Screening Form completed prior to interviews taking place. It was also made clear to them that they were free to withdraw retrospectively any consent given and to demand that their own data, including recordings, be destroyed.

Confidentiality was assured and all personal details were changed. Data collected was stored in encrypted form on a personal computer that only the researcher had access to. Written data was kept in a locked cabinet in the researcher's own home, anonymised and coded. As well as matters related to consent and confidentiality, I was also mindful throughout the recruitment and interview process of my duty of care towards the participants and endeavoured

at all times to remain fully sensitive to their experiences and was supportive of their attempts to describe and elucidate what were often difficult, distressing and painful emotional landscapes. Whilst not forgetting my unique role as researcher, I also drew on my experiences as a therapist to hold, contain and be present to the participants as they shared their stories with me. My training as a therapist therefore enabled me to fully listen to, support and empathise with them throughout.

In order to counter any possibility of harmful after-effects the participants were fully debriefed following their participation in the research and were given any necessary information to complete their understanding of the nature of the research. They also had the opportunity to discuss their experience of the research in order to monitor any unforeseen negative effects or misconceptions. Following the interview they were additionally offered a list of local services and agencies that are locally available for help and support should they wish at some point in the future to pursue this.

Entering into a phenomenological study of this nature should not increase the possibility of the participants coming to any harm and, in fact, I believe the reverse to be true. With the participants' well-being in mind, I endeavoured to put in place a duty of care towards them that might render their experience beneficial, and even therapeutic, in nature. I don't therefore believe that this study was in breach of any ethical guidelines pertaining to acceptability of psychological research and did not in any way infringe upon the rights, dignity and privacy of the participants.

Summary

In this chapter I defined phenomenology as both a theoretical orientation and a research method that varies by degree on a spectrum spanning description and interpretation. Initially propounded by Edmund Husserl as a descriptive

endeavour and a means of getting at the essence of a phenomenon, it developed under the auspices of Martin Heidegger into a more interpretive, hermeneutic project that sought to contextualise and explore underlying meanings hidden in idiosyncratic descriptions. I went on to orient myself epistemologically, theoretically and philosophically on the descriptive-interpretive scale, offering a rationale for choosing the hermeneutic approach of Max van Manen. I also gave consideration to other prevailing phenomenological methodologies, such as the descriptive methodology of Giorgi (1985), Colaizzi (1978) and van Kaam (1969); the interpretative method of Smith (1996); the lifeworld approaches of Dahlberg et al. (2006), Ashworth (2003) and Seamon (2009); the reflexive-relational approaches of Sela-Smith (2002) and Finlay and Evans (2009); the hermeneutic method of Moustakas (1990) and the Critical Narrative Analytic approach of Langdridge (2007). In doing this, I sought to persuade that van Manen's approach was best suited to the exploration of the phenomenon of post-natal embodied experience. Finally, I went on to explore my own intentions towards the phenomenon I had set out to explore, laying out the steps taken to ensure any personal thoughts, feelings, assumptions and beliefs were brought to light and considered in relation to any possible bias in the findings. A step-by-step guide to the project of data collection and analysis was set out in order to render transparent how I approached the recruitment and interviewing of the participants and my handling of any ethical considerations was similarly laid out and unpacked.

CHAPTER 5

FINDINGS

Let a body venture at last
Out of its shelter, take a
Chance with meaning under
A veil of words. WORD FLESH.
(Julia Kristeva, 1986:162)

5.1 Introduction

In setting out to phenomenologically explore women's experiences of their bodies throughout the maternal period, I sought to bring to life the raw, immediate, visceral, often ineffable embodied experiences relayed to me by the six women I interviewed for this study. In doing so, I drew on Max van Manen's hermeneutic-phenomenological style which facilitates the creative use of evocative and powerful language to uncover and convey the many layers of meaning emerging from the texts. I was also influenced by Simone de Beauvoir's flowing discursive style of writing with its power to metaphorically evoke and persuade. My analysis of the findings was therefore an essentially interpretive endeavour, hermeneutically delving in, then zooming out of the material, each new layer of understanding informing the next. It was also an exhaustively inductive task as I ensured interpretations remained rooted in the women's experiences. In eliciting post-natal embodied experience specifically, it was necessary to simultaneously explore the lived experience of pregnancy and birth upon which post-natal experience is both contextually contingent and emergent.

Overall my findings section was an attempt to explore, present and do justice to the myriad layers of meaning found within the participants' narratives. Despite the general variability and uniqueness of each of the women's experiences, I sought to hone in on what seemed common and figural across this particular participant pool. In an attempt to evoke lived experience, the metaphorical language I used may be interpreted as too indicative of *all* women's experiences, however, I am in no way attempting to make general knowledge claims outside of the confines of this research.

Although I have attempted to 'capture' certain themes, these were always overlapping and interconnected, always fluid and emergent. The findings are therefore to be considered merely tentative, partial and incomplete, one person's attempt at making sense of and communicating another person's lived experience in a way that injects it with novel significance and meaning.

At the heart of the findings that follow lies one central tenet: that a changed body initiates a changed place in the world and all areas of selfhood need to be renegotiated and re-assimilated into a new way of being. The post-natal period for a new mother emerges as an embodied twilight zone and her sense of Being becomes (albeit perhaps temporarily) one of corporeal homelessness.

In the following chapter each of the five emergent themes will be introduced and presented in turn. My analysis of the themes will be described in a layered, interpretive way and any writing/insights offered will be substantiated throughout with quotations lifted directly from the six interview transcripts.

5.2 Themes

In analysing the data*, four* main interconnected themes emerged:

1. Loss of corporeal autonomy
2. Becoming an Other
3. Bodily dis-ease: pain, dissociation and betrayal

4. Being-against-time: an unnatural bodily rhythm

5.2.1 Loss of Corporeal Autonomy

This theme is characterised by both negative and positive feelings around the experience of being in control (or not) of the body-mind, whether through surrender *to* the other, through feeling subsumed *by* the other, or through feelings of deep bodily attunement. Central to losing corporeal autonomy is the experience of either giving the body away, of handing the physical self over in an act of embodied passivity or submissiveness; or the experience of the body being taken over or usurped by a more powerful Other. Loss of corporeal autonomy encompasses the experience of (i) embodying an unknown, alien or 'fat' subjectivity; (ii) being monitored and managed throughout pregnancy and childbirth by medical Others; (iii) pain; and (iv) feeling squeezed out by the demands of a (more important) Other. As the body is delivered over to the foetus, to medical professionals, to the new-born baby, so too is the woman herself delivered. Her body is no longer her own and in this disembodied state begins the renegotiation of corporeal ownership and selfhood.

Pregnancy is, by its very nature, characterised by a loss of corporeal autonomy. The pregnant body is a self-governing body, intentional, unapologetic in its creative quest. Like the tide, it carries a mother-to-be with it, caught in the rip, utterly powerless to resist its pull. Her body assumes a life of its own; it seems independent of her, biologically superior, hormonally dominant. She becomes an observer of her own corporeal destiny. She is also highly visible in her pregnant form. Visible and somehow accessible. She has no say over what is happening within and also with-out her body. Like a moth to the flame, the public eye gravitates towards her protuberance, eyes and hands feasting on the taught softness of the belly's rounded form, mesmerised - as if the pregnant belly has its own magnetic force-field that draws others towards it with its promise of life, intimacy and connection. A pregnant mother can feel the need to shield herself from others, guarding her body from what can be experienced

as intrusive and distressing attention. Her body is no longer her own, but has become public property, an open viewing accessible to all. The 'bump' draws attention to the body in an unwelcome and unsolicited way and a pregnant mother has no control over how she is viewed, perceived or responded to. The usual social rules about touch no longer apply to her fecund body. No permission is required to approach her, to stare, to touch. The feeling of another's hand on her extended body, the sensation of hot or cold, clammy or dry, tickly or rough can be unsettling and disturbing. This most vulnerable part of the body, the seat of many women's bodily self-consciousness, the part that gets tucked away, covered up, is now announcing her, introducing her, defining her, erasing her. Disempowered by the bump that outshines her and unable to reject any advances towards her body without seeming rude, tetchy or neurotic, the pregnant mother has no choice but to offer her belly up, offer *herself* up to the masses.

Charlotte: I didn't really like it 'cause I was conscious of people looking at your tummy and wanting to touch it all the time. And I hated that. I hated people going anywhere near me, I was allergic. I was whoaaa!

Celeste: In a normal day, if they weren't pregnant, you wouldn't go up to them and rub their belly, you wouldn't!

To be pregnant for some women is to feel out of control of their own body, taken over by a being with a body-mind of its own, both a part of them and yet fully separate, living and growing by its own volition. To be pregnant is to experience the body expand rapidly and uncontrollably, outgrowing her and leaving her behind, as she watches (for some, in horror) at the ever-increasing changes and demands of a body she no longer associates with and no longer feels at home in. There is no getting away from this engorged, heavy, incommodious body, no time off from its biological neediness. To be pregnant is to be biologically harnessed, yoked to another, physically tied, spatially and temporally limited, confined to a thirty-eight week sentence:

Charlotte: I hated being pregnant. Absolutely hated it! I just felt *huge* and I just felt really uncomfortable and I hated – and it feels awful, but

sometimes I didn't like feeling him moving inside me … I just *hated* how I felt and I couldn't get comfortable and the constant going to the toilet and how tired you felt and I was borderline pre-eclampsia as well, so I was in and out of hospital quite a bit.

Celeste: It wasn't fun, yeah . . . just all the uncomfortable side . . . there are so many things potentially that can go wrong.

However, birth may also be experienced as an embodied feat of maternal effort, concentration, physical strength and mental acuity, a process that demands a mother's involvement with every aspect of her being. Some new mothers place themselves at the epicentre of the phenomenon of birth; birth is a responsibility, a challenge, a rite of passage. Birth is also a natural event that the female body *should* be well prepared for, take charge of and 'own' - an essential part of motherhood, a mother's duty. There is no place for doctors and medicine, surgery and stainless steel in this understanding of birth. According to this perspective, the naturalness of childbirth strips it of its scariness and robs it of its potential traumatising effects. The body has been biologically designed specifically for birth, which is a fulfilment of a woman's physiological and spiritual destiny. Through the process of pregnancy and birth, a woman is realising her potential, taking her rightful place in the world, the experience of labour and birth facilitating her own becoming.

Clara: . . . and you know, it's what our bodies were designed to do. It's why we were put on the planet, so . . .

Becoming a mother doesn't just happen at the birth of a baby, but involves an internal shift of perspective that allows for the concept of the foetus in the womb as a separate, autonomous individual who is both entirely dependent on the mother while retaining the status of otherness. No longer an extension of her, an intrinsic part of her, the foetus emerges into view as real, rather than imagined, a whole person rather than a picture, tied to her, but not the same as her. In this moment of realisation you could say a woman becomes a mother;

she chooses motherhood, accepts herself as two whole bodies in one. There is an internal shift of focus, a surrendering of will, an embracing of responsibility for another Being. The body becomes both hers and also fully at the disposal of another. The body, now a means to an end, a vessel to house and protect this other/self, is freely and consciously 'gifted' to this unknown, yet known, individual whose heart-beat depends on the beat of her own. The needs and wants of the mother become subsumed under the needs and wants of the unborn baby. In that instant she is no longer a being-for-herself but becomes, in an embodied way, a literal being-for-another. Any sense of self-importance disappears and she gives up her body, and any rights she feels over it, for the use and benefit of her baby. She can no longer be the same person – this alchemical process has changed her self-perception and her sense of autonomy. Motherhood is understood and accepted as a one-way ticket to a brave new world wherein the body of the baby, in deference to her own, takes centre stage.

Charlotte: And then the midwife said to me, it's not about you anymore, it's about the baby. . . and then it was her saying that that changed me and I thought, actually, yeah, I'm going to have to start considering that I'm going to have a baby. Never worry about me – I've got to protect and look after this little baby!

Celeste: It's not about you any more, it's about the baby.

Clara: Your parenting starts the moment we planned the baby.

Carol: You do have to let go of who you were because you were this person who had no responsibility.

Loss of autonomy in pregnancy can also happen as a result of being labelled 'high risk'. The pregnant body is handed over to medical professionals to be monitored and managed. *For her own good* a new mother is routinely invited to spend yet another morning in a waiting room, to hand over still warm bodily fluids, now visible to all, to heave her awkward, heavy body onto the narrowest of beds and offer her body-parts up for observation and tests. Nervous veins are invaded by needles sucking blood into test-tubes, arms are left punctured

and bruised where the needles pierced the skin; bellies, tight as drums, are palpated, pressed and prodded; spongy, puffy ankles, swollen in protest of their heavy load, are kneaded and squeezed; non-compliant cervixes are scraped with cold metal implements, suffocated arms are throttled by the grip of the blood-pressure monitor. This frequent ritual is met by 'high risk' mothers with ambivalence. Constant hospital appointments are intrusive, time-consuming, frustrating, sometimes physically gruelling, often devoid of dignity. But they are also reassuring. Medical staff give expectant mothers access to the internal workings of their bodies and their babies' bodies, reassure about 'normal' bodily functions, contain real and hypothetical worries and provide access to vital information. The experience of pregnancy for high-risk mothers is therefore extremely nuanced – handing the body over to another is paradoxically the experience of being cared for whilst simultaneously the experience of being inconvenienced or even invaded .

Charlotte: It was nice, it was quite reassuring, but then towards the end I was just getting really frustrated 'cause you just kind of felt like a guinea pig . . . so I was in every other day to be checked for my blood pressure, which is good, 'cause they're doing their job and if something went wrong, obviously . . .

Being in a hospital environment as a 'patient', an individual *under* the treatment of medical professionals, suggests a new mother surrendering her body to the care of another, handing over responsibility for her well-being to strangers. As childbirth descends into a downward spiral of increasing medical intervention and even vital organ failure, risk to the life of both mother and baby becomes very real. The birthing body, viewed as a liability, is taken over and 'owned' by medical staff, birth itself becoming an emergency operation rather than a 'natural' process.

Charlotte: . . . they wanted to take me to intensive care 'cause my heart was doing ectopic beats and because my kidneys and liver had started to fail when I was in labour. And they were going on about putting needles in my neck and things and that freaked me out.

Celeste: . . . towards the end of my pregnancy my kidneys started to fail and I actually had quite a bizarre birth because my kidneys started to fail, my blood pressure was really high and the doctor was really worried as to why I hadn't had an aneurism yet.

The physical position during labour and birth of being supine, with legs in stirrups, evokes strong emotional reactions and feelings of passivity, vulnerability and powerlessness. There is a feeling of having given up the body, of no longer having any rights over it. The body has become a free-for-all, an open house. Spread, out, literally and metaphorically naked, exposed. An interior landscape dismantled, desecrated. What is usually the most private, intimate and sensitive area of the body is laid bare, given over to strangers who gaze upon it objectively as they come and go. To be observed in this way, witnessed in this stripped back state, intruded upon again and again, has far-reaching physical, psychological and emotional correlates. Concern about being defiled or violated, of sexual organs normally reserved for the sexual partner being trespassed by others, can stir up feelings of shame, embarrassment or humiliation – literally mortification. There are also undertones of bodily trauma inherent in being internally poked and prodded repeatedly. Physical sensations of discomfort and pain during internal examinations are felt despite pain medication and epidural anaesthesia. There is a sense that the woman in the body has gone missing, an assumption that her body has become dissociated from her mind, that she has been somehow able to extract herself from her embodied reality, as if she does not exist as an embodied subjectivity and what is done to her body will not be fully experienced, fully *lived*. The birthing body and the woman have been artificially severed, but for the birthing woman what is being 'done' to her body is also being 'done' to her.

Charlotte: Because I was in labour for so long and you see all the different paediatricians, you're lying there, your legs are open and they're all coming in and doing that [demonstrates with her fingers an internal examination] and all the time my husband is sat there and I'm thinking oh my god! He's seeing all these men come along and because I'm quite shy I was absolutely mortified! And then it was

just getting a bit sore and I was like, God, I don't want any more people putting their fingers up there!

Amanda: So when the nurse came in and just proceeded, it felt very intrusive and I didn't have a choice – you feel violated, that's how I felt at the time.

During childbirth, the threat of obstetric intervention is ever-present, and there is a sense that maintaining control of one's own birthing process takes steely determination and commitment. There is a race against the clock as progress is measured in real time by medical staff whilst the birthing mother is experiencing her body as existing on a different temporal dimension. There is an awareness of being on borrowed time, any rights over bodily autonomy being counted down by the ticking of the clock.

Amanda: The pressure was on . . . the doctor was literally hovering and I was aware of him . . . I thought 'you've got a window now to kind of *do* this and if I don't do this they're going to come and help you'.

Charlotte: It was [the consultant] who made the call to do the emergency caesarian section because he said you're not dilating, you're in a lot of pain, you know your kidneys and livers are failing, so as soon as I said 'fine', you had all these people coming in, you were signing forms and my husband was having to get ready and they were explaining to me what was going to happen and it was all just like a massive rush. I remember thinking 'oh my god! I wasn't expecting it to happen quite so quickly'.

Labour can be experienced as a psychological, as well as a physical, feat of endurance, a phenomenon that requires both body and mind to work together as a team. It is not just a body that births a baby, but the whole of a woman. The long process of particularly a first labour requires mental acuity and physical strength which can be harnessed by the use of mindfulness techniques similar to those used by athletes when they talk of being 'in the zone'. There is an attitude of acceptance of bodily sensations as experienced in the moment and a letting go of investment in any outcome. Inherent

in this is an absence of fear or panic, of being at one with the body, always in control. This dwelling in the pain, not fighting it or questioning it, the experience of self as a 'body-mind', brings a perception of safety and security that carries a birthing mother throughout the labouring process. It is difficult to find the right words to convey embodied experiences during labour, sensations of being 'within' the body rather than outside of it. There is no experience of zooming out, no bird's eye view, no perception of being detached in any way, but rather one of being immersed in the body's internal physical processes, at one with the undulating, changing physical sensations, comforted by the repetitive rhythm of the contractions that powerfully carry, reassure and protect. There is no requirement to make sense of, analyse or logically explain the process, rather there is an absence of thought and a deep sensory communion with bodily, as opposed to mental, processes. This thinking through the body allows the mother's focus to be drawn purely on the moment-by-moment lived bodily experiences of labour.

Celeste: I completely laboured in four hours and I was in my own little world and I didn't feel the need for gas and air and I didn't feel the need for drugs. I just controlled it and it did its thing.

Clara: . . . I think because of the hypno-birthing I felt very calm through the whole situation, very relaxed and I think it was just, this is what I feel I need to do now and it's my decision and we're going to go for it.

Clara: I just didn't really want anything. I just wanted to do what my body could do.

Carol: So I stopped taking the gas and air and I was 'seeing' instead. . . I was lying on a beach and I saw an apple tree and all these pretty pictures started coming into my head and I would push when I needed to and when I didn't I would look at the pictures. It was intense but it wasn't in any way terrifying for me and at no point was I scared.

There are protective qualities of focusing solely on the body, of attending exclusively to the sound of the air going in and out of the lungs, the sensation of the lungs expanding and deflating as, without choice or conscious command, the air fills them up and empties then again. There is nothing to be 'done' to this involuntary act of inflation and deflation. This calming focus lends the experience of being 'boundaried', protected from the other, self-contained, the body becoming a safe place. There are changes in the quality of awareness, a heightened internal awareness and an external awareness that becomes softened, distant, unthreatening. The potential threat imposed by the sterile, medical environment of the labour ward is diluted when experiencing oneself as in control and safe in one's own skin:

Amanda: … I think [hypno-birthing] definitely helped. I think giving you that focus, I felt very, very focused.

Researcher: What were you focused on?

Amanda: I think the best way of describing it was just being in that moment and with the contraction and just riding that out and not really thinking when's this going to stop? I guess not fighting against it and not thinking, I don't know . . .

Feelings of attunement with the body, the experience of tacit knowing, leading with the wisdom of the body, is the experience of being in the moment, experiencing bodily sensations as they come and go. This is the experience of thinking and breathing through the body, where the mind is no longer separate, divorced from the body and where thinking and feeling merge into one whole sensory event. The experience of being immersed in the body, suspended in time, is characteristic of bodily knowing in childbirth. Being called to engage brain, to separate mind and body, to attend to external events, ruptures the harmony of wholeness and pulls awareness away from the 'now'. Once the mind is pulled back into 'real' time, a connection is lost, perhaps leaving a birthing mother more susceptible to loss of confidence, anxiety and fear of pain.

Clara: Until then I was really confident, but because they said - you're only five cm and to get to ten cm it could be half an hour for every half cm - I was like*, I don't think I can do this . . . for another twelve hours*!

Jen: . . . in the end I didn't have the epidural because by that point I didn't need the epidural as it was only the thought of hanging around for another five or six hours, but obviously at the pushing stage - yes, it's painful, but there's a point to it, so in labour the kind of pain, the worst part about pain was not knowing how long it would go on for.

For these mothers the element of choice was intrinsic to feelings of being in charge of their own bodies, their own birth experiences. Experiencing the *self* as in control was rooted in the ability to feel relaxed and calm through focusing on the body and specifically on the breath. This was experienced as a slowing down of internal and external events, without regard for extraneous issues not immediately relevant to lived embodied experiences. This being-with the body enabled both physical and mental strength and endurance that translated as confidence, self-belief and trust in the body to do what was required of it.

Amanda: And particularly the meditation that I've done. Of being focused on your breath and aware of your surroundings, so not disconnected from your surroundings, but I guess the boundaries between you and the room and the other people being protected, so you're not aware of every single sound. I remember feeling like that, that I was aware of everything but with a soft edge or soft focus to it.

Physical performances requiring strength and endurance of such Herculean proportions are not achievable through the body alone. It is not an objective, split-off, stand alone body that runs a marathon, swims the Channel, rows to France or births a baby. It is the whole person who, fully and deeply embodied, overcomes physical challenges and limitations. Mentally residing in the body, thinking through muscle, breathing with the

mind, yokes body and self, enabling a quality of energy that almost transcends either physical endurance or mental fortitude alone.

Clara: That was the difference in the transition from being in labour to being able to push and just literally in my head I was like, ok, that's it now, we're in control of this. Like, when you're doing a half-marathon or rowing … and you have to dig deep no matter how tired you are and you kind of get in the zone and that's what I kind of did when I was in labour.

Amanda: I think I compared it, I've run a marathon in the past, and I compared it to that where there is a lot of repetition in labour to a point and the progress isn't necessarily obvious, but you are getting there and then I guess the last lap or the final push is where you become more aware of all your sensations or how you are feeling and you're stripped back, whereas when you are in the midst of it … you feel quite protected.

To be a new mother is to experience a fundamental shift in priorities. Motherhood is a new paradigm wherein a mother's embodied self recedes, shrinks, loses significance, becomes subsumed under the body of another. All energy and focus rests now with the baby's health and wellbeing – the mother's body ceases to matter. To be in a body that has experienced a traumatic birth, a birth that has wreaked havoc with vital bodily functions, that pushed blood-pressure too high, damaged kidneys or strained the heart, poses a dilemma for a new mother whose raison d'etre is to care, protect and nourish her new-born. Medical administrations, attempts to monitor and care for her are an intrusion, an interference with the project of 'doing' motherhood. A new mother must garner all her resources in the service of the new-born, feel robust, whole, complete. Medical procedures affecting the mother's body can threaten this. Physical Intrusion and interference can actually hinder the mother's ability to attend and attune to her new-born. It can be experienced as violence rather than care, as depletion rather than nurture. Instead of being built up, she feels chipped away at. Rather than mended and soothed, she feels battered and

bruised. Vital resources are plundered, precious fluids looted, the body subjected to endless rounds of invasive procedures.

Charlotte: I was really, I was quite ill… they wanted me to be monitored from intensive care and I just said, at the moment my priority is making sure the baby is well, and I said, you know, you're coming in and you're poking me and you're prodding me and every couple of hours they were coming in and taking blood until the point where my veins completely collapsed. They couldn't get anything else out of me.

What is 'done' to a woman's body whilst in hospital can be experienced as done without consideration of what it feels like for her, what it means for her as a human being. She experiences herself as viewed, not as an embodied being, a living, breathing, thinking, sensing organism, but as inanimate matter, extensa without the cogitans, an *object* under investigation, a biological problem to be solved.

Charlotte: We'd both been poked and prodded, poked and prodded. . . I felt they were just going through the processes and not really thinking of the effect it was having and not really thinking it through.

Especially after a surgical birth, normal, every day, taken-for-granted physical activities and bodily functions have to be renegotiated or even become unmanageable. The immediate post-natal period is characterised by pain and loss of personal agency. A new mother's ability to carry out even intimate, personal tasks and tending to her own bodily needs is temporarily halted. Pain, discomfort and loss of function can render her literally incapacitated, reliant on others for even rudimentary functioning. This can be experienced as shameful and exposing, intrusive and deeply unsettling. The post-birth body can be experienced as hospital property, but it is not only the body that is touched, monitored, pierced, poked and prodded, but the very woman herself who experiences bodily administrations as intrusions into her very sense of self. The body, so intrinsic to her being-in-the-world, loses all its boundaries – it no longer protects her from the encroachment of the other; it is no longer her own. Without it to shield her, she is naked, raw, fragile. Her body does not exist in a

vacuum – what is ‘done’ to her body has an immediate and direct effect on how she experiences herself, how she interprets her world and who she understands herself to be. Ordinary social rules around intimacy and touching are displaced within a hospital setting. To feel at the mercy of the other, not knowing what will be ‘done’ to her and feeling robbed of the right to say ‘no’ is disabling and frightening and experienced as a loss of corporeal autonomy which leads to a sense of shame and feeling diminished.

Amanda: And there is with hospitals I think implicitly the patient is expected to consent [but] there was part of me that wanted one less thing done to my body . . . it's almost as if, if you were worn down enough or tired, you'd just let anything happen to you.

Charlotte: And it was embarrassing because the second day I had to have a bed-bath … and I absolutely hated it. I just remember thinking hurry up! Hurry up! Hurry up! No, because that’s your private bits! And oh my God, I was mortified. I just wanted to be doing this myself … having someone wash me and doing stuff *down there*, oh my God! And all these strange people coming up … I found it really intrusive.

The needs of post-natal mothers are therefore very specific, especially so after a long, complicated or obstetric delivery. These post-birth bodies are normalised within a maternity ward, a physical environment which contains bodily concerns and baby anxieties. When catapulted out of this hazy, post-birth comfort zone, the post-birth body can seem out of place. Once outside the maternity ward, a new mother may feel exposed and vulnerable, unprotected and unsupported in her new mothering role with her new mothering body. She is plunged into the ‘ordinary’, feeling anything but ordinary. The culture and atmosphere of the maternity ward seems familiar, safe, protecting - a parallel universe where the physical and emotional after-effects of birth are not only acceptable, but considered normal, where loss of embodied agency is *de rigueur*. What happens on the maternity ward stays on the maternity ward. This band of mothers, this closed, secret sect, this graveyard of identities, the maternity ward is a transitional space. It symbolises the unknown. Journey through the

maternity ward is a rite of passage. Within its confines lies a twilight zone, a murky underworld of physical and emotional devastation, exhaustion, shock and delirious joy. It is a lost and found, witness to the highest high and the lowest low. A woman leaves her body at the door when she enters and picks it up when she leaves; she enters whole, full, bursting and leaves emptied. In between she gives up her body to the project of maternity. She surrenders the known in exchange for the unimagined. She enters a full-bellied mother-virgin and leaves penetrated and deflated by motherhood. Her old self is left behind with the physical remnants of her body – blood, amniotic fluid, placenta, umbilical cord, muscle and tissue, all extracted and disposed of. The lived body that walked into the maternity ward is transformed by birth and she emerges with her baby altered, changed, metamorphosed – a mother.

Amanda: It was like snakes and ladders really, because I came home from hospital, the radio was on, the sun was shining, he was feeding beautifully and I thought, oh my god, three days ago I was literally, I had nail marks all along my chest from, like I was having to brace myself [and] press my feet into the end of the bed. . . I mean it was a nightmare. I wouldn't wish it on anyone.

Charlotte: … they wheel-chaired me from maternity all the way through to where the ante-natal clinic is in my blooming gown! Feeling a bit, really sore, bumping over everything… and because you'd been in maternity so long I was a bit like, my head was spinning, proper spinning. I was . . . getting a bit freaked out because I'd been confined to maternity for so long.

The physical aftermath of birth and the physical and emotional demands of early motherhood are in themselves a potentially overwhelming experience that threatens any sense of autonomy. The post-natal world is a world that has been tilted on its axis, unplugged from pre-existing beliefs about what constitutes 'reality', once removed from everything that ever felt concrete, known. Post-natal embodied subjectivity is virgin territory, an intensely private journey that is paradoxically open to public viewing. The psychological correlates of this added stress, pressure or trauma, set within the context of a - sometimes inhospitable

– hospital ward, wherein a new mother may feel unsure of herself, wary of the gaze of others, disconnected from her own body and frightened to express her emotions, are fertile ground for anxiety and depression. This is when a new mother may begin to feel removed, not only from others but from her self, chased by the menacing and fast-approaching prospect of completely losing all connection to a prior mental state vaguely remembered as 'sanity'. Careful to suppress the vulnerabilities, frustrations, sadness, outrage and despair that can accompany a new mother home from the maternity ward, still shell-shocked from the embodied experience she has just been through, she steels herself to hide the cracks, button her lip, carry on keeping herself together. She instinctively knows not to let her guard down, not to let anyone have a peak at her chaotic and disjointed inner landscape, let them overhear the voice in her head, *her* voice, screaming. Being a good mother isn't enough. She has to be *seen* to be a good mother. There is no room in that façade for any display of madness. There is never a right time for the first Mrs Rochester to make an appearance. She must be kept secret, locked up in the furthest away wing of the mind. The polarities between 'good' and 'bad' in mothering are marked. There is no spectrum, no sliding scale, no means testing. One wrong move and you've crossed the moral line.

Carol: You're either coping or you've lost it. There's no in-between.

Amanda: . . . and [I was] sitting there with the district nurse on the first home visit thinking I want you to go 'cause I'm just going to cry and just holding, holding, holding, holding.

Amanda: And I think in terms of the PND question, you know it was biting at my heels for a few days . . . there were periods of time . . . where I was feeling distant and disconnected and not feeling like I could cope.

Jen: So because you're tired you haven't got the reserves and things, you know when it hits you that it's such a massive responsibility having a baby . . . [and] when you're exhausted that seems like a

terrible thing, and scary and awful cause you don't have the reserves and strength to cope with it.

Carol: And so, like physically, you feel really tightly wound. It's like, I cannot show any sign, I cannot show any sign and then you'll go away and you'll have a moment to yourself and you'll be like [makes wailing noises] oh my god! And then you wrap it all back up again.

Carol: I did start to wonder if I did have post-natal depression because I remember feeling like I was so exhausted and I felt like I was in a glass box and the world was happening outside the glass box. And there were emotions there . . . but all those emotions were outside the glass box and I was in the glass box.

Clara: I had days when I was more tired and I'd be like, oh I just feel a bit rubbish and you know that's when Lionel would kick in and go, but you're fine, look at you, you've just had our baby, your body has just given us a baby. Like, stop being stupid! … And then you're kind of like, oh yeah, I *have* given birth and I *have* had a baby, but you know if you didn't have a supportive partner and everything else, obviously I think it would be a very different story.

Intrinsic to feelings of being out of control of both body and mind is an underlying dissatisfaction with body shape and size which, during pregnancy, has been mediated and made more acceptable by the belief that bodily order and control will return as soon as the body has completed the project of pregnancy. The disorientating and sometimes overwhelming effect of a new-born on day-to-day life can shatter any self-made promises to take charge of diet and fitness regimes, even for the most self-disciplined and motivated of women.

Celeste: For example, for the past twelve months since I had Harry, it's been a case of everything goes on a priority list and the strictness and the control, I had to let up on it.

In the post-natal period normal physical, bodily routines change to accommodate looking after a baby round the clock. The usual, day-to-day exercise routine no longer fits in. There is an expectation before the birth that excess 'baby weight' will remain and that the body will need to be worked on to get back in shape, however, what might not have been anticipated is loss of autonomy over a body which has now taken second place to that of the baby. Looking after her own body is now a secondary consideration, a once-upon-a-time, taken-for-granted luxury. Body management takes time and planning, commitment and dedication, all of which are inaccessible to a new mother who needs all her energy just to get through the day. As a new mother it is difficult to find the time to attend to your own needs. The taken-for-granted ability to satisfy your own physical needs are all displaced and claim a different perspective in this new world order. Although still aware of her body's needs, now there is a new focus and her own body gets lost in the care of another's. Not having the time and the capacity to focus on feeding herself well, her energies directed to the nurture and care of her new-born, her body is no longer under her conscious control. There is a sense that the unruly, messy, leaky post-natal body, left to its own devices, soon threatens to spiral out of control. The slender, well-toned bodies, such as you see in celebrity magazines, take effort, time, management and energy to perfect. As a new mother, the body is coping already with a heavy workload – biologically there is a lot going on as internal organs are gradually settling back into place or shrinking back to their original size. Hormones are in flux. Precisely at a time when a woman may need to attend to her body the most, she is physically and practically limited in her capacity to do so.

Jen: . . . actually the kind of priority is just existing and coping – the way I used to stay in shape was I'd do more physical activity . . . and obviously now there's not the time or opportunity.

Charlotte: I've just put on so much weight, but I just don't have the time to go to the gym and do anything.

Celeste: . . . you're so sleep deprived and it's such a big impact on your life that everything has a pecking order and the diet was low priority . . . you don't really have the time to think, right, how many calories have I done?

Carol: There's just no space and there's just no time.

The inability to control her body after birth through exercise and dieting is a double-edged sword. On the one hand, she has an excuse – no time, lack of sleep, the demands of a new-born, breastfeeding – but on the other, there is a constant knawing at the back of her mind that, at some point, her body, her misshapen, over-sized body will need to be dealt with, taken in hand, reeled back in, controlled. It is impossible to forget the body, how it feels, how it moves, how it fits in its clothes, how it looks in the mirror. There is an awareness that she is in an ever-present embodied state of imperfection and incompleteness that can be interpreted through the lens of shame and loss of agency.

Celeste: [When dieting] you gain control in the way your body looks, but you lose control in a different way, you lose control of the life. In a way the past twelve months have been liberating because I don't have to count those bloody calories, but body-wise it's taken me back to feeling – it's every day, I think, I really need to do something about this!

The need, or desire, to loose weight, to regain a particular or prior body shape or size, the longing to fit into pre-pregnancy clothes again, to feel back to normal and in control of the body percolates through every waking hour, an ever-present phantom reminding her constantly that she mustn't relax or let go of the reins. This internal reminder reverberates with each lift of the fork, holding consciousness to ransom – she is not free to enjoy herself or be open to life's pleasurable experiences until these jeans fit her again, or until the scales read a certain weight, or until, until … Free flowing interaction with the world is halted, on hold, hijacked by her inability to accept the post-natal body she lives in.

Celeste: Every time I did have that food I was thinking, this is just adding more weight, this is just adding more weight, this is just adding more weight. And I'm weighing myself every day which is stupid and you shouldn't do it, then I'd weigh myself and say to my husband, oh that's another two kilos, oh that's another 4 kilos, oh that's another six kilos and you just weight yourself every day and it becomes that constant thing in your head and it almost stopped me enjoying the new-born experience to a certain degree.

Carol: Sometimes I will try on a new pair of jeans and you look in the mirror in those changing rooms, which are always awful, and … it hits you that you're right back to square one and then I walk out and I feel awful as a person. How can I have the confidence to be confident as a mother?

This is a nagging concern, a vague post-it note on the edges of consciousness that is never really out of view. It wakes her in the morning, accompanies her throughout the day and sees her off to sleep. It calls her back from any place of peace, pleasure, emersion in joyful activity, reminds her not to get too comfortable, relaxed, happy. It says 'you have to do something about this!'. The struggle to maintain a particular or ideal body weight becomes a full-time job. It lassoes her mental and emotional capacities and demands her full attention. Her body has to be reined in, micro-managed, consciously controlled. Like a rider on a runaway horse, it must be tamed, brought to heel, pummelled into submission. There is a sense that 'it' can't be trusted, left to its own devices. The body becomes a responsibility, a trainee that requires constant supervision and monitoring. At the same time, she is at its mercy, tied, harnessed, trapped, imprisoned even.

Celeste: … it's constant, be it from the time you get up, from picking out something from the wardrobe and then putting it on and thinking, oh this doesn't quite fit from how it used to, to gauging whether you can fit through a space at work, or gauging how far away, you know, it's so many things.

Carol: They're telling you that you shouldn't have a mark on you. They're telling you that you should spring back and they say that they think a mum is being selfish if she doesn't do her exercises and get her body back to what it was before because it's perfectly capable of doing it.

Jen: But I think it will take longer than I thought to get to a stage that I'm happy with and at the moment I'm still not at that stage.

Getting 'back' in control of the body is mediated to some degree by the physical demands and hormonal vicissitudes of the breastfeeding relationship. There is an implication that to feel differently in the body necessarily prompts a disconnect from it, an inability to fully reside within your own skin. Getting back to 'normal' in a bodily sense means to feel at one with the body, to feel that the body is working with you and for you and that you exist as a separate, autonomous entity, boundaried and fully functioning. As a breastfeeding mother there is a sense of existing primarily as a being-for-another and boundaries between self and other becoming blurred. The sensory experience of breastfeeding is the feeling of being physically linked to your new-born, still bonded, still attached. Although visibly separate, the experience for the mother is still visceral, palpable. There remains after birth an inter-embodied knowing, an internal radar that picks up and sends out signals to the baby. Mother and baby are in a sense still connected, the baby still a physical part of the mother and especially so for those who breastfeed. There is an ineffable quality to this inter-embodied connectedness.

Jen: … it's kind of the physical aspects of it – I am the one who gave birth to her and I am the one who's breastfeeding her, so there are those ties, you know? I am the one who is ultimately responsible for her – there's that extra physical link.

Amanda: . . . it creates that, a literal physical tie between the two of you . . .

Carol: We kind of carry this responsibility with us. Whether we are with the baby or not, we are still mothers. You're always on duty.

With this extra physical link comes added responsibility, especially when breastfeeding. The mother-baby relationship is a system of exchange, an inter-corporeal state of being wherein both mother and baby are 'locked' into each other, the boundaries between them blurred. Separation is not so easily achieved in this state and the mother is physically attuned to her baby in a way that is inaccessible to other caregivers.

Jen: … it is just the physical side of it because I'm breastfeeding her I literally can't be away from her for more than two hours at a time.

Amanda: . . . the most I've been away from him is five or six hours tops . . . but if you're bottle feeding . . . you don't have that physical pull.

This can be experienced as a physical burden, a loss of autonomy, freedom, ego. There is a sense of suffocation within the breastfeeding relationship. The breastfeeding mother is no longer free to come and go, no longer a separate identity. There is no possibility for physical distance from her baby, no possibility for a momentary shedding of parental responsibility or the opportunity for corporeal objectivity. There is no real physical split, no promise of reconnection, no experience of longing. Without this physical split it is difficult for her to experience her baby as separate from herself, hence it is difficult to stand outside the relationship, to get a sense of difference, independence. Whilst breastfeeding, mother and baby are mutually co-dependent and this limits opportunities to miss the other which can be experienced as a need to be without.

Jen: So it is that thing – he comes back from work and says 'oh I missed her' and it's like, I'm looking forward to being able to miss her because at the moment I don't have that opportunity.

Amanda: So, yeah, it's a bitch really! In some ways it's almost like you enter into this contract and to get out it's going to be a series of negotiations, that's what it is!

Carol: And I wanted permission to give up. I wanted someone to say, okay, stop.

Summary

This theme revealed the ways in which experiences throughout the maternal period can rob a new mother of (perceived) bodily control, threatening a sense of corporeal security that is underpinned by ontological fears of being out of control or of not knowing who you are. This was evidenced for Charlotte and Celeste in the ways in which their pregnant bellies were experienced as belonging to others, ontologically separate from them and imbued with existential significance. Both Clara and Charlotte experienced being bodily 'taken-over' by the foetus during pregnancy, of feeling erased as persons in the face of an as-yet-unknown significant other. Celeste, Clara and Carol all felt a shift in perspective with regard to selfhood as they adjusted internally to the responsibility of parenthood. They experienced themselves as no longer at the core of their own existence, their autonomy shifting to include another existentially separate (and more important) life.

Loss of corporeal autonomy was also revealed in the (often involuntary) but paradoxically reassuring 'giving over' of maternal bodies to medical professionals who temporarily claim bodily authority as if *in loco parentis*. The effects of feeling out of control of your own body at the crucial stages of labour and birth were experienced by Charlotte and Celeste as traumatic and frightening. Conversely, for Amanda, Clara and Carol, the experience of 'being-with' the body during labour gave rise to feelings of attunement and protection. Post-natally loss of corporeal autonomy was marked by the overwhelming demands of the new-born, by the corporeal trials of breastfeeding and by the insensitive administrations of hospital staff. For Amanda and Charlotte there were feelings of mortification, loss and renegotiation of corporeal identity and for

most of the participants the post-natal period was characterised by fear of losing control, not only of their bodies, but also their minds. Jen, charlotte, Celeste and Carol all struggled with a perceived 'out of control' post-natal body that rendered them feeling helpless, frustrated, overwhelmed and depressed. For those who breastfeed there was the experience of giving their body over to the baby which posed a challenge to both physical and spacial autonomy as selves were no longer (quite literally) free to move around, leave the house or even the chair, stay away for more than a couple of hours or even be alone. Feelings of entrapment and loss of identity as a result were in evidence for both Jen and Amanda. For Carol, who struggled to establish a breastfeeding relationship, there ensued a loss of identity as a breastfeeding mother that undermined her very sense of self.

5.2.2 **Becoming an Other**

Amanda: All the shifts you have to make, they require a lot of work and some of it's hidden and some of it's very obvious so . . . fundamentally every aspect – there's not, there isn't really an aspect of your life that's the same.

Carol: [I'm a] different person, yeah, yeah . . . she's ten months old now and still part of me isn't 'with it' now.

Jen: … it is actually something that you really don't know about before you have a baby and no-one really talks about it and no matter how much you have friends and family relatives who've gone through it and gone into the most intimate details about it, actually that kind of feeling afterwards and the fact that it does kind of change *everything*, you just don't get that.

The embodied reality of pregnancy, when seen through a fleshy lens, throws a different

quality of light on the experience, affords it a more concrete, visceral, palpable, tacit hue. The experience of growing another is also the mother's own growing. She is no longer a separate entity, but two bodies in one and this dissolution of boundaries between self and other, the blurring of physical separateness between two selves feels unsettling and errie, undermining a taken-for-granted identity as a coherent, confined, contiguous being. Sensations of being unbounded, unconfined, unlimited can call into question previous understandings of selfhood. The trials of pregnancy and birth are life-changing ordeals, severing all ties with a prior body, a prior life, a prior identity. Unexpectedly, motherhood can become a one-way ticket that ushers in a new world order. The embodied cost of motherhood can seem high and unearths for new mothers existential issues of identity which underpin more cosmetic concerns with looks and appearance. During pregnancy there is a resistance to embodying a 'fat' identity which is compounded by the wearing of maternity clothes and qualified, not only by how the body looks, but also by the way the body moves and feels. For overweight mothers, this is turned on its head as the 'fat' pregnant body 'fails' to meet the much coveted pregnant silhouette and a visible pregnant identity is lost. The guard against the adoption of a 'fat' identity continues well into the post-natal period as a woman renegotiates her physical and sexual self. Breastfeeding mothers especially navigate conflicting and confusing bodily landscapes with their new ambiguous breasts – both sexual objects and feeding tools - and embodied identities as 'good' mothers, coping mothers, are threatened by 'failed' attempts to establish a breastfeeding relationship. All these disjointed, uneasy, unwelcome corporeal realities can plunge new mothers into embodied existential angst as they grapple with notions of *who am I now*?

The embodied experience of pregnancy can expose a woman's greatest vulnerability and fear – becoming 'fat'. There is a resistance to embodying a (self-perceived) bloated, uncomfortable body that smothers her and robs her of bodily self-esteem. There is a refusal to acknowledge and accept the changing bodily-self, to register and connect with an embodied pregnant subjectivity. Physical changes are denied and ignored, the expanding body kept metaphorically at arm's length. It is too frightening to contemplate what this new body might mean. The pregnant body is apologised for, covered up, shape and form is hidden, swaddled in loose-fitting clothes, rendered invisible.

Charlotte: … my legs went massive 'cause I was carrying a lot of water and my feet went huge, just hated it … I wouldn't look – didn't like looking at myself in the mirror … I'd always try and wear really baggy things.

There is a fear that others will negatively interpret the pregnant body's changing form, label, judge, ridicule, reject. There is a heightened sensitivity to the other's gaze which is drawn to the belly and which threatens to rob a new mother of her subjectivity and make her feel like nothing more than an impregnated object. She responds to the quality of that gaze; unsure of her bodily self she reads disapproval into the look of the other; it is a critical eye that looks upon her in the mirror and a critical eye that appraises her in the street. Her very sense of self as worthy is captured in that look and denied existence. Her expectation is that she will be evaluated in a negative way and this fuels a negative appreciation of her own body. When she is noticed in a perceived negative or judgmental way, it affects the nature and quality of her intimate appreciation of her embodied being. It is not just her body that is called into question or found wanting, but her very self.

Charlotte: I just felt really like I might as well be walking around shouting 'I'm pregnant!', even though I had this great big bump. I thought people thought more of the bump than they were looking at me.

There is an assumption that changes to the body in the initial post-natal period will 'right' themselves over time. Expectations of excess weight, larger breasts, massive thighs and flabby stomachs at first are interpreted as 'normal' bodily responses to pregnancy and birth. What is not perhaps foreseen is the longer-lasting effects on the body that are the result of the changes in lifestyle that motherhood instates. Unable to 'work' on her body due to time constraints, a new mother can feel helpless as she watches her 'baby fat' settle on her body, and finds herself weighing more than at any time in her life. Her body does not feel like her own any more. It has spiralled out of control. She no longer identifies with it; it is no longer her image in the mirror. She cannot dress herself in her usual style and the clothes she loves to wear, the clothes that most represent how she feels about herself, her message to the world about who she

is, no longer seem right. An alien self wears alien clothes. There is an overarching sense of being 'not me' - not comfortable in her own clothes, not comfortable in her own skin. It is difficult to 'own' this version of herself; nakedness becomes unsettling and being looked at, photographed or touched is now an unwelcome intrusion.

Charlotte: I'm sat in trousers and I would never wear – I've always been in dresses. . . I'm so conscious, like my boobs are massive, they're huge, I hate them!

Carol: I used to belly-dance before and people are saying to me 'are you still going to do it again?' And there is no way that I am showing my body off to anyone any more!

Jen: I'm much bigger than I was before. I could go out and buy clothes a size or two bigger, but I just don't want to.

Clothes are symbolic of a certain 'stage' of maternity. To clothe the post-natal body in larger 'normal' clothes would be to give in, to accept the permanence of the new normal. The clothes in the wardrobe serve as a reminder of the body the new mother used to have, the body she wants back. To buy new clothes would be to give up on this body. Will the clothes hanging in the wardrobe ever fit again, look the same, hang in the same way? The body has changed shape in a way that was impossible to predict, body-parts feel alien, disconnected, at odds with a more familiar version of the self.

Jen: And I think my tummy as well is the thing that surprised me, because of my figure. I'm sort of pear-shaped so my weight would never be on my tummy previously – it would be on my hips and bum and whatever else, whereas now I've also got – and that was one part of me that wasn't an issue - now you're just putting on a jumper and you've kind of got that *thing* …

Carol: I thought I might have weight or a spare tyre. I didn't expect to flop, to be a floppy-flop!

Charlotte: I hate my body *so* much now, absolutely hate it.

Feelings and fears around being ‘fat’ in the post-natal period are therefore underpinned by a crisis in identity. What is known on the inside does not marry-up with what is shown on the outside. A new mother’s post-natal body misrepresents her, feels at odds with her sense of who she is in the world. Public perceptions of overweight people and stereotyping of particular body types limit possibilities for becoming particular types of people, as if being overweight somehow defines your personality. Other people cannot directly know or see your thinking or access your intentions towards the world, but they *can* view your body. The external self is on display, the internal self is hidden. Publically, ‘fat’ is seen as a substance attached to the body, not intrinsic to it, deemed ontologically separate. Fat is foreign ‘matter’. But for the person who embodies this physical form it is not just the body that is the object of derision, but the very self, the *somebody* inside the body. To transcend this public perception of the overweight body represents a fight – a commitment to ‘showing’ or bringing to others’ attention other qualities, talents and attributes. This requires defiance, courage and strength of will to break free from the confines of a fixed, one-dimensional public persona, a deep desire to be valued for one’s self, rather than judged in the flesh. There ensues a Cartesian battle for superiority between res extensa and res cogitans. The body has to be overlooked, shrugged off, shed, in order for the ‘real’ person to emerge triumphant, worthy, respected, validated, valued. The body becomes nothing more than a necessary evil since it has a priori been rejected both by the public gaze and by the embodied being herself.

Celeste: I’m not going to be judged for my body whether I’m skinny or fat. I’m going to be judged by what I know and what I am as a person. . . Even though you don’t value this [my body], find value in my mind.

Embodying a pregnant identity, however, made real and visible through displaying ‘the bump’, is per force lost to mothers whose bodies have already been labelled as ‘fat’ .

Celeste: Because a lot of my weight sits around my mid-section, when I got pregnant I didn't appear pregnant for a long time. I felt I had to tell people. I didn't want them to think, oh she's just fat again.

The 'fat' body is non-compliant in conforming to pregnancy's changing shape and size. Pride, satisfaction and showmanship are all lost to the woman whose body doesn't 'fit' the pregnant template.

Celeste: You know the way some people do bump pictures? I didn't do bump pictures, which I regret now. I really regret it! There are no pictures of me pregnant.

In not attending to the body in its pregnant state, in overlooking, ignoring and hiding the pregnant body something fundamental gets lost. The experience feels incomplete and there is a deep sense of loss and remorse. Not recording bodily changes is almost like a punishment to the body, a refusal to look, take notice or accept the physical form and certainly a refusal to admire or congratulate the body's work and achievement.

Celeste: I look at other people's bump pictures and I feel jealous – I didn't catalogue that part of the experience … I didn't catalogue it because I just couldn't even face it.

Just as in pregnancy, overweight women in the post-natal period can succumb to feelings of inadequacy, bitterness, loss and negative self-comparison. The body in some way is expected to keep the score, emerge triumphant from child-birth with warrior stripes or war wounds – symbols of victory, success, bravery. Markings of a right of passage to motherhood. Bodily markings are the spoils of birth and pregnancy is writ large on the belly, breasts and thighs – outward signs of internal accomplishment, creativity and maternal effort. For overweight women, these fleshy identifiers may be imperceptible or indistinguishable from the previous remnants of weight loss and gain and this absence of the physical documentation of pregnancy and birth is interpreted as yet another sign of bodily failure and experienced as a loss of maternal identity.

Celeste: So far as the actual by-product of pregnancy that some people hate, like the wobbly tummy or the stretch-marks, I already had all

of that and it wasn't any worse. I didn't have anything new – like the way some women wear their stretch-marks with pride and 'oh I love my mummy tummy, it means I've given birth'. It was a case of, I don't even have that because I can't say this stretch-mark is because I was pregnant with Harry. There's no physical evidence to a certain degree that I had a child.

The unchanging body denies the adoption of a pregnant identity which is experienced as loss and interpreted as a lack of bodily competence and efficacy.

Celeste: … it's almost like, if you were to draw out a template, a silhouette of a pregnant woman, I'd be nowhere near that. So just again feeling resentful and a bit of a failure again – you can't even look pregnant properly – you just look fat at all times!

In the immediate post-natal period there may be a sense of body shock that speaks to a deeper, more ontological concern about who a new mother is in the world and how her identity is tied up specifically with possessing a particular type of body, one that no longer exists. There is, for some, horror and disgust at the sight and feel of the post-natal body, the way it wobbles and sags, accompanied by a sense of disbelief that this could happen, that she didn't *know* this could happen, that no-one told her this could happen. There is no feeling of having been instrumental in the shaping of this novel body which descends upon her after childbirth like an unexpected, unannounced and unwelcome guest that she now has to get to know.

Carol: I kind of knew I had some weight to loose but I didn't expect everything to be so *saggy*, cause I really did feel like a deflated balloon….The logic part of me is going 'I know this is going to take time to get back', but at the time I'm like 'oh my god!! Someone's deflated me!'

Jen: I kind of thought I'd done everything I could do to prepare myself for it and then there was this deeper level, this other level that you don't know about until it's happened.

When a body no longer conforms to its previous (known) shape and no longer feels the same, moves in the same way or inhabits space in the same way, there is, for a new mother, the experience of her body as unrecognisable and distressing. There occurs a seismic shift in identity, and with this a giddying sensation of lost-ness and alienation. There is a feeling of being a spook in her own skin. There is a sense of disconnect from her body that undermines her ability to recognise herself. Only when her body starts to assume a more easily identifiable shape does she start to re-encounter herself again. In that moment of re-encounter there is a sense of belonging, as if recognising the face of a loved one in a crowd. There is a reconnection to a familiar self which is only accessible through reconnection to a familiar body.

Carol: I started to lose weight and everything started to go back to normal and I stopped looking at myself and thinking 'Oh I hate myself' and started looking at myself and going 'hello!'

Carol: The feel of the saggy, that's what bothered me. And it was probably about the same time I started getting back out of that feeling that I noticed that I didn't sag any more.

The loss of her old, familiar body is emotionally overwhelming. What is lost is not only body confidence, but confidence in herself as a woman and as a mother. There transpires a mind/body split, a feeling of not being coherent, complete, at home – a physical distance from a body that was once still intrinsically known, but now lost, a disconnect from the body/person that *was* and the body/person that *is.* The look and feel of this never-before-experienced body can only be tolerated and, like the ghost in the machine, a watchful waiting is conducted for the return of the familiar body, the one that has been lost to a bodily process that seems to exist independently of her, the one to which she belongs. Having to navigate the transition to motherhood in an altogether altered body can be a deeply distressing experience. As the body becomes a kind of subjective object, mine but not mine, functioning, but not as I know it, an unfamiliar vehicle in which to navigate a new and foreign landscape, there is an ontological quality to the experience.

Carol*:* I do feel I disappeared for a while … more and more now I look in the mirror and it's like I can see myself again. Before that, in the beginning [breaking down] I would look at myself and [unable to continue for a while] I was lost. I kept revisiting my body in a kind of looking in the mirror and [sucking in her breath] yeah, can't deal with that yet!

A woman's body is her display of femininity, of womanhood; how she moves, how her clothes hang on her, how toned her flesh looks are all implicated in whether or not she fees good about herself, strong, soft, capable, athletic, flexible, desirable, sexy. A woman's body secures her a particular place in the world, secures admiration and applause or mockery and rejection. A changed body, especially when it overhangs, flops and sags, when it threatens the adoption of a 'fat' identity, invokes shame and self-loathing. A changed body robs a woman of her status, her self-belief. The body is no longer something to enjoy and display in this parallel bodily universe, no longer *intentional,* reaching out into the world. The body recedes, shrinks into itself, shies away from the world. This changed body-self has become somehow diminished, reduced, less. Powerless to change this ill-fitting body she can only endure it and, existentially on hold, wait for the 'real' one to return. This sense of corporeal homelessness is compounded by socio-cultural messages that surround the post-natal body. There are ambivalent messages about what a new mother should expect - how she *should* look and how she *should* behave – and this is perhaps confusing when encountering her post-natal body for the first time.

Carol: They're telling you you shouldn't have a mark on you. They're telling you you should spring back and they say that they think a mum is being selfish if she doesn't do her exercises and get her body back to what it was before.

These competing and confusing societal expectations and assumptions about what new mums are supposed to do and how they are supposed to behave consist of stereotypical images of milk-stained, dishevelled, tracksuit-clad mothers, half mad with sleep deprivation and at their wits end which clash with media portrayals of skinny-jeaned, blow-dried, glamorous celebrities sporting

new-born infants like accessories. Looking as if she has spent some time on herself in the early post-natal period is perhaps viewed with suspicion, as if a new mother's priority should be her baby, not her body or her hair or her clothes. There are underlying value judgements about looking good after birth, about attending to physical and cosmetic concerns. A new mother shouldn't expect to have time for such minor frivolities as taking care of her appearance or exercising or going to the hairdressers. She should be usurped by motherhood, swallowed up by the demands of the baby, squeezed out of the picture. The new mother's body and self are firmly at the disposal of another and she has no time for anything else – at least a *good* mother doesn't.

Clara: Then at six weeks I started weight watchers and running again and everyone thought I was nuts!

Researcher: In what way did they think you were nuts?

Clara: It's not what new mums do, is it? . . . everyone's so negative about it – you *will* be knackered and you *will* feel this and you *will* feel that . . . you're not *supposed* to be doing that when you've had a baby. You're *supposed* to be tired and you're *supposed* to be in your pyjamas and you're *supposed* to not be showered.

There are cultural messages about how a new mother's body *should* look and behave which generates the paradox of how, on the one hand, a conceptual post-natal body looks and feels and how, on the other, the *lived* post-natal body *really* looks and feels. The lived experience of birth and post-natal embodiment lifts the conceptual veil of motherhood, challenges social norms and unsatisfying discourses, scratches the surface of the shiny, beautiful, revered painting of the madonna and child, exposes a darker reality, a different version of the 'truth' not evidenced in the vernacular. Only now does the experience resonate with verisimilitude.

Jen: I think it is just totally glossed over so it's, you know, you can talk about tiredness in a kind of general way, … but no-one actually goes into how that actually *feels*. It's kind of like at a different level so all the words are kind of not the real kind of depth.

Carol: It's actually unfair. It's unfair because it gives you the wrong view of what's going to happen . . . I kind of feel like it shouldn't go back to how it was before because I had a bloody baby! You know, life leaves knocks and it shouldn't be erased.

Managing this maelstrom of competing and confusing biological and cultural missives and the ever-present self-scrutiny and even self-loathing, something else fundamental to a woman's identity can become tarnished or eroded or lost - her sexuality. In rejecting the present embodied self, sexuality can recede, fall away leaving her struggling to exist as a being-for-others, struggling to share herself with her partner, husband, lover. Until the old, familiar, liked, acceptable body returns she is existentially on hold, unable to truly, authentically exist as a fully embodied (sexual) being-in-the-world. The sexual self goes missing and with it a desire for the other. Physical, bodily intimacy is denied, sensual pleasure dismissed, all carnal activity halted. The idea of sex in this current physical state is inconceivable, unacceptable – a no-go area.

Charlotte: I hate my body so much now. Absolutely hate it. And to the point where me and my husband are trying to be physical and I'm like NO!

Carol: The physical side of myself, I couldn't bear to look at it and things felt different, sex felt different . . . it wasn't until three months ago that it stopped hurting.

It is not easy to exist freely in this de-sexualised body. The unselfconscious, open body, the body happy in its own skin, capable of giving and receiving pleasure, is now shut down, disengaged, unplugged from the self. With bodily changes come an altered intentionality, an altered way of being towards the world. Although spatially bigger, bodily she is reduced. Not fully inhabiting her body, it becomes a no-go area, neither for self-enjoyment nor for sharing. Assumptions and beliefs about what it means to have a certain body shape and size restrict her way of being in her current body and she struggles as she tries to relate without her embodied sexual self.

Charlotte: It's caused a massive wedge between us because … he still wants to be physical with me, but I hate him looking at me… now I wear pyjamas and if I know there's a time when he wants to be physical I'll keep my bra on so he can't get to my boobs! … And he knows exactly what it's about – all these bloody rolls of fat! And I hate that I'm pushing him away but I can't *bear* him touching me.

The embodied experience of breastfeeding can also evoke a state of confusion about the maternal body. What is its purpose? Who is it for? A taken-for-granted identity as 'lover', as sexual being, is challenged by notions of the breast being used as a feeding 'tool'. The actual embodied experience of feeding a baby, the sheer physicality of it, how it feels to have a baby suck milk from the breast, the tingling, fizzing, electric, rhythmic pull on the nipple, the sensation of pleasure, discomfort, pain and any association with sex may feel confusing or 'wrong'. The intimacy of physical contact with another nudges the mother out of her embodied comfort zone. The sensory experience of breastfeeding can feel instinctively uncanny, and a breastfeeding identity is rejected.

Charlotte: I didn't like it. It just freaked me out a bit. I just remember thinking … your boobs are for the husband, and I know that sounds silly, but my husband has always loved my boobs and they're kind of for him and all of a sudden I had this baby drinking milk out of them and I was like, no way! I can't be dealing with that!

Physical complications associated with breastfeeding (such as an abscess which requires surgery) can characterise early experiences of motherhood and effect a shift in a woman's relationship with her body. This experience can leave her feeling fragile, vulnerable, weakened.

Amanda: I do feel vulnerable with this breast … well this is not a feeding breast and now it's disgusting, it's not a sexual breast [laughing] – it has no function, it's just this appendage . . .

The breast is an essential 'tool' of motherhood. It is also intrinsic to a woman's sexuality. The breast is functional, purposeful, intentional; it reaches out to the

other extending nourishment, comfort, arousal. It is a defining feature of womanhood, a source of both desire and fulfilment. When a fully functional, aesthetically 'normal' breast is lost, when it is perceived as neither beautiful, nor capable of producing milk for her baby, it has the potential of rendering a woman neutered, neither Madonna or whore. There are feelings of displacement, of having been reduced in some fundamental way. This now alien piece of flesh that hangs of her, she cannot identify with it. This breast that is such an integral part of her now renders her sterile, disempowered, incapacitated. She can no longer be the woman she was, and she will never become the mother she envisioned herself becoming.

Amanda: But I feel very differently about 'it'. It feels like an 'it'. I don't have a pair of boobs any more. It feels like two separate entities really. I don't, yeah, it's almost like it's been neutered, as if it doesn't really have a function, which makes me sad.

The breast becomes an aggressor, a risk to be managed, a potential enemy. What was once an extension of herself has now become an object that hangs off her, demands her attention and drains her of energy. What should be providing succour and pleasure is now a parasite, a pariah, a literal waste of space.

Amanda: Presently, yeah, feeling sort of, not even ambivalent 'cause ambivalent suggests there's positive feelings [laughs], em, yeah, that sort of disconnect from it. It's a thing I have to see to or it's something that I have to look after. But it's not really serving it's purpose, I've just got to stop it causing me grief, which is quite sad [laughing]. Which is quite sad really.

There is a resulting shift of perspective – the body is seen in a new light and the mother must reinterpret what this means, what this says about who she is now in the world. She is not who she thought she was and her body no longer represents her in the way that it did. There is shock and confusion, loss and grief. The taken-for-granted body, the body that was passed by in silence, the easy, comfortable, immediate body has to be reintegrated, renegotiated and re-evaluated to fit with this new way of being-in-the-world. It is not only her physical

integrity that is under threat but her hopes for herself as a mother who nourishes and sustains her baby's life with her own. In losing the use of her breast she is also losing the physical bond with her new-born, the intimate bodily inter-connectedness that underpins all her understandings of what it means to be a 'good' mother.

Amanda: I think for 'the boob' its all those feelings you might have of your body not being your own or things happening beyond your control or serving other functions than what you are used to, sort of intensified.

These embodied maternal trials are life-changing ordeals, severing all ties with a prior body, a prior life, a prior identity. Unexpectedly, motherhood becomes a one-way ticket ushering in a new world order. The cost of motherhood is high for these mothers as everything that is known is sacrificed on the alter of motherhood. This is a one-time-only event, perhaps too unbearable to repeat.

Carol: I don't know if I could cope with it again! And I don't know if I could cope with it in pregnancy, knowing what's coming at the end.

Charlotte: No way. No way. I don't want to go through any of that again. None of it. None of it!

Celeste: It's a case of 'do I really want to go through that experience again?'

Amanda: I do want more, just not now! I've always wanted three or four. Maybe two or three now!

Summary

This theme was underpinned by the ontological experiences of loss, uncertainty and change. Uncovered were feelings of vulnerability in the face of the unexpected, displacement in the face of the unknown. For Amanda, Carol and Jen there was the unsettling experience post-natally of having to completely

restructure the taken-for-granted aspects of embodied existence that necessitated a restructuring of both self and social world. This was experienced as a transformation, rather than a transition to motherhood wherein every single aspect of life had to be reviewed and renegotiated to fit the new 'norm'. The experience of shock and alienation were evident for Charlotte as she witnessed her pregnant body expand and leave her behind. For Carol and Jen this was characterised by the way their 'new' post-natal bodies moved and felt in their clothes and no longer seemed to represent them. Unveiled were feelings of bodily disgust and rejection that infiltrated all areas of Carol's, Charlotte's and Celeste's lives. Becoming an other risked becoming a 'rejected' other, with devastating negative consequences for intra-psychic and inter-personal relationships. For Charlotte and Carol, sexual identity was experienced as 'on hold' awaiting the return of the more desired, acceptable body. What was also evidenced was the way in which self-perceptions of maternal bodies were mediated by dominant socio-cultural images and discourses propounded by popular media. The experience of otherness for Carol, Jen, Clara and Charlotte in the post-natal period was the experience of not conforming to received notions of how new mothers *should* look and behave which undermined and challenged their own subjective experiences of embodied motherhood. For Amanda, becoming an other was witnessed in the way that she underwent a complete renegotiation of corporeal identity following surgery on her breast that was characterised by loss and grief, not only in relation to herself as a mother, but to herself as a woman.

5.2.3 **Bodily Dis-ease: Pain, Dissociation and Betrayal**

This theme reveals the ways in which new mothers encounter uncanny sensations of bodily dis-ease through the experience of internal and external corporeal damage or change. Although embodied experiences are always varied and transient, experienced as either diseased fragmentation and disintegration, or as dynamic healing integration,

this theme picks up on the more negative, traumatic aspects of these women's stories. For some, there is a breakdown of bodily integrity, experienced through loss of physical or biological functioning or change in cosmetic appearance. For others, it involves the experience of pain, or a sense of embodied unknowing, or quite simply the experience of the body having become completely over-burdened by the physical trials of maternity. These challenges can threaten a mother's perception of herself as complete, normal, 'right' and calls into question the experience of embodied wholeness and unity. Bodily changes after birth affect both physical functioning and physical appearance on a sensory level and both can be experienced as at odds with what a new mother knows about her (prior) body. What she can *do* with her body and how she *feels* in her body may have changed in ways that were unexpected and surprising. She then experiences her body as having changed in fundamental ways that affect her everyday experiences of being-in-the-world.

Maternity is, for some, a vulnerable time. It is difficult to relax when there are so many bodily risks to encounter. In its pregnant state the body is unpredictable; a new mother cannot directly 'know' what is happening. She may feel different sensations that are new and perhaps unsettling. Her belly is not transparent, she is left wondering, what was that twinge or that sensation? Consistent monitoring by doctors, incessant hospital visits and routine scans may alert her to elements of risk – she is screened for risk, labelled 'high risk' or 'low risk'. Risk is ubiquitous in pregnancy. The constant physical and hormonal changes and fluctuations that seem so out of her control perhaps render the experience worrisome, uneasy, awkward, tense, ill-at-ease, strained, troubled:

Celeste: I suppose it's not just the uncomfortable side . . . there are so many things that potentially can go wrong.

Pregnant bodies can feel fragile and overburdened, creaking under the strain of hormonal and foetal demands. This experience is one of bodily dis-integration, wherein an expectant mother questions her body's ability to carry, not only her baby, but her *self*. The mother's trust in her body to deliver her to motherhood

is undermined, as is her trust in herself as a 'good enough' mother. Her body is perceived as inadequate, not up to the job. This faulty, unravelling body that bleeds and threatens miscarriage, that demands bed rest and constant monitoring, that marks her out as 'high risk' becomes objectified - an object under scrutiny, a machine that refuses to work. Feelings of detachment and alienation are experienced as the body is conceptualised as outside the woman's experience, a 'thing' to be managed and fixed. She experiences herself as once removed, detached, an onlooker rather than a participant in the making of life. Feelings of resentment at this bothersome flesh can fill the space between a woman and her body. The body becomes the outsider, *l'etranger*. It withholds, denies, punishes, frustrates, stands in the way.

Celeste: I felt . . . resentful towards my body, almost like "why are you doing this? Can't you just be normal?" . . . There are times when you are so frustrated that you feel completely detached from it and my body is a complete different entity and you're like "stop doing this! Just be normal for once, just do something right, it's not that hard!"

The body not performing as expected, as it *should,* leads to feelings of having been let down by the body, whether through biological or physiological 'complications' or through changes to body shape and size, leaving a new mother physically, emotionally and ontologically vulnerable. The trials of childbirth can for some be life-threatening, compounding a changed relationship with the body which now has to be renegotiated.

Celeste: I actually had quite a bizarre birth because my kidneys started to fail, my blood pressure was really high and the doctor was really worried as to why I hadn't had an aneurism yet.

Charlotte: When I was in theatre they wanted to take me to intensive care 'cos my heart was doing ectopic beats and because my kidneys and liver had started to fail when I was in labour and they were going on about putting needles in my neck and things and that freaked me out.

In experiencing her body's vulnerability and fragility in this way, trust is broken, lines are crossed, bridges are burnt. Her body is no longer on her side, no longer carrying her, protecting her, working *for* her. This experience of disembodiment is so fundamentally frightening and isolating an experience that it calls into question everything she took for granted about her body's abilities and capabilities in relation to motherhood. Motherhood has now become endangered by the body itself.

Celeste: [It's] almost like, you're walking across a bridge thinking, are you going to hold my weight? And then you walk across it and half the boards fall through and then you go, do I really want to go back over them?

Fresh from a physically perilous birth, a new mother lives in a precarious embodied state with all the fear and insecurity inherent with living in a body that has become over-burdened with the demands of maternity. Her body is perceived as an untrustworthy, albeit necessary, accomplice in the project of having a baby, a means to an end rather than a journey in itself. This is a broken body, a body weakened irreversibly by the physical exertion of pregnancy and birth. This broken bridge, this precarious and unpredictable body is the product of maternity, unquestionably and irreversibly changed. The body quite literally failed to deliver; It screwed up, required assistance, got it wrong. This body is no longer in league with the self. This body is to blame. Stupid kidneys that fail. Selfish blood-pressure that soars. Useless womb that refuses to contract. Body and self have parted company. From now on she is on her own.

Celeste: So almost again that resentfulness towards the body, you know? Can you not give me that one little thing? It's almost like you see it as a separate entity … and you're like, why are you being this mean to me?

Amanda: Presently, yeah, feeling sort of, not even ambivalent 'cos ambivalent suggests there's positive feelings [laughs], em, yeah, that sort of disconnect from it. It's a thing I have to see to or it's something that I have to look after. But it's not really serving it's

purpose, I've just got to stop it causing me grief, which is quite sad [laughs]. Which is quite sad really.

Carol: It was separate from me. It was this *thing* that hung on me for a while.

For labouring women who can harness their body's energies and innate wisdom there are deep feelings of embodied agency and potency that is at odds with a more negative medical view of childbirth as outside a woman's capacity. There are fears that there will be no space or understanding of embodied attunement within the confines of powerful medical discourses and a mother will fall prey to over-riding assumptions of maternal helplessness, dependency and bodily ignorance. To remain embodied within a medicalised setting represents a fight to keep your body to yourself. The intelligent, dynamic, thinking body, made vulnerable through pain and physical exertion, may surrender itself to the care of strangers. There is a sense that during labour and birth, a woman first has to commit to giving her all, to devote all her mental and physical energy to the task ahead. There is no scope for giving in or giving up. The long-term sequelae of 'giving up' on yourself, your body, during childbirth can be particularly devastating for the new mother. The body now in the hands of doctors, divorced from her, viewed as an object of risk to be managed can be experienced as traumatic and leaves deep and lasting physical, emotional and psychological scars.

Clara: One of my friends . . . well, it just went from bad to worse, to worse, to worse, to worse, to the point where they didn't even remove her placenta fully and she had to go back in and have that removed and was having panic attacks and is now having to go to counselling.

The experience of labour and childbirth is therefore fundamental to the transition to motherhood and a woman's identity as a mother. To have physically, mentally and emotionally laboured and given birth to a baby is seen as a rite of passage, a necessary endurance test that inaugurates women into motherhood. To welcome and look forward to the experience of childbirth, to expect to incorporate that into your maternal narrative and yet to, for whatever reason, need obstetric intervention or a

surgical birth can feel like a huge loss. To be handed your baby, to have had it taken from you rather feel it emerge from your body into the world, is to feel robbed.

Clara: My sister had to have an emergency section, so she's got two children, but has never experienced labour and it really gets to her.

Conversely, for women whose birth experience was positive, who fully participated in and experienced the body in labour, who remained embodied throughout the labouring process, there is an enduring sense of pride and achievement which directly affects their understanding of who they are and what they are capable of as women and mothers.

Clara: [I] feel empowered. Yeah, I do. Because we did that and that was incredible. It really is amazing!

Amanda: It was a definite boost, a definite boost! I felt quite proud of that … it gave me some kudos with the staff for a first-timer to get him out in that position without any assistance, without any extra pain relief, you did really well!

Celeste: *I* made Harry, and as arrogant as it sounds, *I* made Harry. . . *I* laboured, *I* gave birth to Harry, *I* made Harry.

Celeste: I suppose it's empowered me in a way . . . I feel like for once when it comes to my body, it's come top of something. When it comes to this one thing - childbirth - you did quite well!

Carol: And I did it all with gas and air and the last ninety minutes I did it without anything. I feel really proud of myself!

The body in the immediate post-natal period is rapidly experiencing many changes in response to the birth and for a first-time mother these may not be anticipated. The bodily sensations may be unlike anything experienced before.

Amanda: Yes, I had the aches and, you know, feel like you've been in a car crash just because, oh, this is what it feels like to have been put through the wringer, but not in that it felt terrible, but your insides feeling sore – if you've never had that sensation from anything it's actually quite strange.

Being in a car crash and put through the wringer conjure up images of physical and emotional devastation. To be put through the wringer suggests having had every last ounce of juice or energy squeezed out of you, that you have nothing left to give, that you have been dried out by the experience. To suffer a car crash is to collide with another object, to be stopped in your tracks, overturned, smashed, damaged. These are evocative images of being out of control, of having survived a challenging and potentially life-threatening experience that was impossible to prepare for. As well as internal sensations, there are also more noticeable external, visible reminders of birth that in the immediate post-natal period are normalised within a hospital environment, but which seem out of place, shocking even, when considered against the backdrop of ordinary, day-to-day life.

Amanda: … because I spent so long in hospital…it was all kind of in context. Because I was shuffling around and because my stomach was still hanging out, it was all ok because it was on the maternity ward, whereas, if I'd been at home (and there were times where you could see that I was incontinent after the birth), I'd get up and like, ok, I need the toilet and I'd have to hold the pad, but if you're on a hospital ward that doesn't seem so desperate, whereas if you're at home it's out of sync.

The shuffling around in flight socks, the inability to stand upright because of the pain from abdominal or perineal stitches, the stomach hanging out, the nightie wet with urine, soaked with blood, or stained with colostrum are all normal sights on a maternity ward, but would seem shocking at home or at work or in a public

place. The post-natal body is synonomous with injury. New mothers are literally the walking wounded, protected by the hospital ward that has become inured to the physical aftermath of birth:

Amanda: It's out of place, it's not normal, whereas on a hospital ward there's blood and there's guts and . . .

Encountering the body for the first time after childbirth can be a deeply unsettling experience. This strange, new, aching *blancmange* of a body is unknown territory - alien, throbbing, dragging flesh. What is the lay of the land after this momentous physical event? There is a profound sensation of bodily dis-ease, an implicit knowing that our physiognomy is different, that something fundamental has changed. This is the twilight zone, the place of embodied unknowing, of uncanny alteration, of a startlingly strange fleshy subjectivity. The body, surreal, red in tooth and claw - a fleshy Picassian nightmare!

Carol: … but I also got haemorrhoids as well but the nurses didn't tell me I had haemorrhoids so I was like 'what's really wrong here?'… and then I just sort of dared to, you know, have a feel *down there*, and I asked 'have I got haemorrhoids?' and they said 'ye-es!' and I'm like 'that explains everything over the past three days!'

This is a totally unfamiliar body, a body she has no control over and a body she was unable to prepare herself for. Post-natal bodies are secret bodies, private bodies. Society politely turns a blind eye, focussing instead on the body of the baby. No longer pregnant, the post-natal body is given back to the mother to 'deal with'. The real focus is now the newborn. There may be a sense of shock for the new mother at having to embody this new, emptied flesh, this deflated bump, this unfamiliar physical landscape. Shock in as much as it was unexpected, unforeseen, unplanned for. The post-natal world is in a sense a secret world, a members-only club, accessible only to new mothers. Its secrets lie outside the reach of even pregnant women who must go through the ritual of birth in order to be inaugurated. The true depths and nuances of post-natal embodied experiences are withheld from those who are not themselves yet 'in the know'.

Jen: It's actually something that you really don't know about until you have a baby and no-one talks about it . . . that sense of no-one really tells you how tough it is in the first, say, month or so . . . It's that kind of unwritten – you just don't tell people until they go through it - kind of thing.

Carol: There's this really strange mask on it because people say 'oh we know you're not born with a manual' . . [but] when it actually comes to reality they just expect you to cope.

Charlotte: And funnily enough, you know, everyone thinks 'oh you're going to *love* being pregnant, and you're blossoming and you're blooming' and so I expected to love it and love every minute of this, but I didn't at all.

Motherhood is a club whose members keep their secrets to themselves. Friends, sisters, aunties, mothers – all the women expectant mothers turn to for information, advice, support – they are all keeping 'shtum'. They watch on, awaiting the inauguration, the moment where a non-mother receives her initiation to motherhood, paid for in flesh and blood. There is no truth but bloody truth and those who have been there know this. There are no words to convey this experience to those whose bodies have not yet born witness to childbirth. There are undertones of disbelief and betrayal for a new-born mother, fresh from her bodily ordeal as she realises that only now is she part of 'the club' and that everyone else, all those women she knew, trusted, shared her pregnancy with, a priori knew her fate and failed to warn her.

Jen: It's very weird 'cos you almost kind of feel, I know, I mean I can't really articulate it very well, but you almost feel *tricked*, and I know that sounds really silly.

Carol: You have friends that have been pregnant and you say to them 'tell me the truth, how was it?' And they go [with a big faux smile] 'it's *great!*'

Carol: It doesn't matter how many people tell you, until you've done it, there's a difference . . . I wish I could go back and just warn myself.

Withholding the darker side of becoming a mother, the embodied side, can be experienced as having been robbed of the opportunity to fully prepare herself. Freshly-made mothers feel duped, lulled into a false sense of security. They thought they knew it all, were confident what to expect and how to handle it. The sheer devastation felt in the early weeks after the birth by some new mothers can feel like having been thrown a curve ball and they may feel silly and undermined, tripped up by their naivety, embarrassed by their prior confidence. There is a sense of injustice – they could have been better prepared, mentally and physically 'psyched' if only someone had told them the 'truth'. Birth can catapult a new mother out of her comfort zone, unarmed, feeling resentful, angry and confused. How did she not know it was going to be like this? How could she have spoken to so many mothers, read so many books, pamphlets, flyers, consulted so many websites? She had done all the homework, thought she would get top marks, but the hardest task came at the end, an addendum written in invisible ink, legible only to a mother's eye.

Jen: I was kind of more shocked by it than I thought I would be . . . I thought I'd done everything I could to prepare myself for it, and then there was this kind of *deeper* level, this other level that you don't know about until it's happened and there was just a sense of 'how did I not know it was going to be like this?'

Carol: The thing for me was afterwards. I was expecting the before, and I had spent the whole nine months reading up about the actual birth but it was the afterwards that knocked me cause I expected to find everything to kind of get better quite quickly.

For many new mothers there is an overarching sense of shock, but also naivety at her unpreparedness for her post-birth body. Until that point she has felt in control of her body, prepared for the changes pregnancy and birth would effect upon it. Guided by the received wisdom of self-help books and confident that

her body is changing shape in the expected way, she navigates her way successfully towards journey's end: childbirth. Only afterwards does she realise that the journey has not in fact ended, but that she has entered new and unfamiliar fleshy territory. Her body no longer conforms to *any* before-experienced physical template, and she realises she has no idea how, or *who*, to be in this one.

Charlotte: I just felt so out of control of my body . . . just getting up and down was so painful.

An important part of the body becomes unchartered territory, a no-go area, an alien and frightening prospect to contend with. The sensation of pain, discomfort and otherness in such a delicate and private area of the body evokes strong feelings. Changes to that area of the body become too much to contemplate, too much to take in. The ramifications of possible damage, mutilation, functional or cosmetic change is too much to bear.

Jen: … that area down there just feels kind of – it is like a wound, you know what I mean, you're just affected … I mean, I think I was almost too scared to look down there for a long time, so in a way I just left it.

There are fears that any physical changes may be irreversible, with worries about whether or not full functioning will ever be restored.

Jen: I'll keep doing [pelvic floor exercises], but I don't know how much it will change or how long term it is.

Carol: Sometimes I would look at her and I would think 'am I ruined? Is this what it's going to be now?'

There is a sense that inhabiting this liminal body, this slightly half-baked or not-quite-ready-yet body is challenging in that it threatens to become the new normal. There is a fear that the old, not-so-familiar-anymore body is dissolving and that efforts to prolong hope of a reconciliation need to be redoubled.

Jen: But I think it will take longer than I thought to get to a stage that I'm happy with and at the moment I'm still not at that stage…

Carol: I gave myself six months to get back to my everything, when actually it was six months before it even started

There is an unwillingness to accept this post-natal body as permanent, rather it is easier to view the post-natal body as an extension of the pregnant body, a mere holding pen for the return to the longed for body.

Jen: These are my maternity leggings. I mean, it's not because I need them for the maternity element but, as I say, I'm that much bigger than I was before. I could go out and buy clothes a size or two bigger than the ones in my wardrobe, but I don't want to.

The subjective embodied experience of these internal and external functional or cosmetic changes are often difficult to quantify and the impact can be difficult to convey. A new mother's body is viewed as having done its duty and any residual physical 'hangovers' from the birth are downplayed or minimised. A desire to return to normal function or cosmetic appearance seems such a minor concern against the more important work of nurturing a baby. There is a sense that, where bodily changes have occurred during pregnancy or birth, these are to be expected and going back to 'normal' is a bonus rather than a given. There are assumptions that bodily sacrifices must be made in the project of birthing a healthy baby and the after-effects of these must be endured because, well, what did you expect, you've just had a baby!

Amanda: I had very bad pelvic gurdle pain in the few weeks before I gave birth. I was very active, very fit and then just, God, it was awful! Then it went completely after he was born but suddenly I started getting a few twinges and … it was so, so bad I didn't want to ignore it and [the doctor's] advice was 'well, you can take some paracetamol'. And I said, well it's not going to treat anything is it? And it's that implicit sense of – your body's changing or your body

has changed and *will* change so deal with it! Well, no! It doesn't make it a lesser issue!

Pain, discomfort, loss of function and changes to cosmetic appearance would be unacceptable under any other circumstances, whether it be as a result of a birth defect, illness or disease, accident or surgery. There is an expectation that physical 'wrongs' will be investigated and, if possible, righted. Physical distress of any sort is examined and, as far as possible, relieved. The Hippocratic Oath 'first, do no harm' seems not to apply to maternal bodies, however, and mothers' bodies are expected to keep the score of pregnancy and birth in perpetuity. For a mother to challenge this, to suggest otherwise, is to risk sounding ungrateful, to want your cake and eat it, to expose yourself as a 'bad' mother who puts herself first.

Amanda: And it's being indulgent if you want to rectify something and no, it's not being indulgent. It's a level of functioning that I'd actually like to restore please, thank you very much!

Changes to feelings of physical (and emotional) integrity also occur in the post-natal period with the initiation of breastfeeding. Hormonal fluctuations and long-term changes to breast shape and size are experienced as disruptions to bodily 'norms'.

Clara: The main thing I did joke about is that I went through my whole pregnancy without getting one stretchmark and then as soon as I started breastfeeding my boobs got stretch-marks!

Any sense of pride in the body to have weathered the storm of pregnancy and birth is usurped in the end. Having faced and won the biggest challenge to corporeal integrity, a new mother may be outwitted by her boobs, which succumb in the end to the physical trials of maternity. Not spared it's mark, her body now unexpectedly has its own story to tell. This is unforeseen, surreptitiously snatching back any sense of corporeal triumph. That the body keeps the score seems unavoidable, an indelible, fleshy record of achievement that marks you out as 'mother'.

Clara: They're your warrior scars for being a mum, yeah, so they're like, that's your definition.

Carol: Sometimes I have to tell myself they're not my stretch-marks, they're my tiger stripes, you know?

Physical changes as a result of breastfeeding are not always welcomed and celebrated and instead can be interpreted negatively as a ruinous, irreversible bodily outcome. The result is a body that is impossible to live in, impossible to accept.

Clara: My mum had four children and she breastfed all of us and actually in the end she ended up having breast implants because her boobs after that, just ruined. It just really got to her.

The breastfeeding experience is by its very nature profoundly embodied, and when there are difficulties, a new mother can feel rage, anger, resentment and hatred towards the object that was her perfect breast, her instrument of motherhood, her physical link to her new-born, her fleshy, milky hook.

Carol: You get lost in this haze, you know, and especially at the beginning, because I couldn't breastfeed as well, so you really get a sense of failure with that.

Breastfeeding is both a physical and an emotional investment, an orientation towards motherhood, a statement of intent, a visible display of maternal power and independence. For a new mother heavy investment in sustaining another's life with her own, on her own, runs deep. Struggles with breastfeeding undermine self-perceptions of bodily coherence which are tied up with notions of competence, power, autonomy, knowledge and control and which are synonymous with assumptions of 'good' mothering. So intrinsic is this ability to breastfeed that any disruption to the breastfeeding relationship inaugurates a disrupted relationship between a mother and her body which is deemed to have failed. The body and self are no longer experienced as intact, coherent. There is a sense of failure which is bound up with shame as 'faulty' body-parts won't 'work'. The maternal body prevents her from being the mother she wants to be,

the mother she *assumed* she would be. The maternal body betrays her as as incompetent at motherhood.

Carol: Occasionally, I would still leak, and then it would be like, I can make enough to be embarrassing, but I can't make enough to feed my baby!

Again, the non-compliant, embarrassing, withholding body-part is experienced as outside the self, a separate entity with a mind of its own.

Carol: I hated myself for it, really strangely, I would sit there and like [looking down at her breasts], *almost as if they were the enemy*, you know?

These changed breasts are embarrassing breasts, failed breasts, useless breasts, alien breasts. The dominant 'breast is best' discourse, so visible and powerful in its message, threatens to further damage a mother's perceived social position as a non breast-feeding mother, undermining her sense of competency and self-confidence. To be invested in breastfeeding is to feel trapped in a socially sanctioned paradigm that is difficult to challenge. To give up, to 'turn to the bottle' is to face embodied failure. Only society itself has the power to make this choice, let a distressed, flailing breastfeeding mother off the hook, to sanction her behaviour, to enable her to feel she has done enough, to guarantee her position as a 'good' mother.

Carol: You want permission to give up. You want permission to stop.

The experience of breastfeeding, when difficulties arise, can undermine a new mother's trust in herself and instigate a mind-body split that renders her powerless. Deep investment in the intrinsic rightness of breastfeeding, assumptions about breastfeeding as a 'given' of motherhood, an absolute 'must', can deeply inform a new mother's feelings about herself and her body when breastfeeding becomes an issue. The experience of pain whilst breastfeeding can have devastating effects in relation to a mother's sense of corporeal integrity. In contrast to the emotional highs of giving birth and feelings of empowerment, the physical and emotional challenges of breastfeeding can

usher in a whole new emotional landscape. Like a black curtain coming down in front of a cheery scene, the misery begins . . .

Amanda: … and it was very painful and my nipple got very damaged and cracked and bled for one or two days and then it actually got infected . . . I was in agony. It was that different type of pain – like toothache, the kind of pain that goes through you, like a gnawing kind of hollow, wincing, really nasty [pain].

Jen: . . . it is so painful. It makes me want to cry . . . she goes on and you can't talk 'cause you're trying to breathe through the pain.

Carol: I was expressing milk and this was excruciating.

Overwhelming experiences of pain during breastfeeding can leave a mother feeling as if her body is spiralling out of her conscious control. Struggling with the pain there are also the physical challenges of getting a new-born to latch-on which can leave her feeling vulnerable, powerless and needing help. A new mother may be reliant upon others for guidance in establishing a breastfeeding relationship and may feel she has handed her breasts over to someone else to manage, educate and control. There can be deep sensations of powerlessness and uselessness as the breast is handled, maybe roughly, pulled, pushed, squeezed, nipped and squashed into babies' open mouths. Focusing on the physicality of breastfeeding, the mechanics of act, the mother herself may be lost to the well-meaning midwife, health visitor or breastfeeding counsellor, and the consequences of becoming invisible, an appendage to the all-important breast, can have long-standing emotional and psychological consequences for the fragile, fraught breastfeeding mother who feels utterly useless and spent.

Amanda: And it just shifted, and [the midwife's] attitude really stunk. She made me cry, twice … how she spoke to me was really not good and I remember her expressing or trying to express colostrum and she really hurt me … and I remember yelping and it was not pleasant at all … it was very, very painful to begin with so it went from excruciating to [no words to describe it].

The intensity of the pain experienced in the early days of breastfeeding, the severity of the sensations coursing through the body are often difficult to cope with. Fear and dread set in as feeding-time approaches. The body tenses up in anticipation of the sensory onslaught – hot, sharp, searing shards of glass penetrating deep within the breast tissue. A sharp intake of breath, she braces herself, here it comes… it's always worse than she remembered. Eyes closed to steady herself, she bears it, barely. An hour or two's respite and here it comes again. She tells herself '*it's worth it, it's worth it, it's worth it'.*

Amanda: And you think five days is nothing, but when you are feeding a minimum of eight times, that frequency of pain, that's what makes it so intense, so it's not like, oh, it will go in a few days, you're repeating something that is *so* painful but *so* important and *so* integral and so that's why it has such a toll on you emotionally . . . I just felt bombarded with it.

Jen: It's so painful it makes me want to cry. Like I would say 'don't talk to me now' to Miguel 'cause I wouldn't be able to talk to him for the first couple of minutes 'cause I'd be just breathing to cope with it.

Pain opens the door to the darker side of breastfeeding that is at odds with previously held beliefs and expectations about it. Having already 'bought into' the naturalness and convenience of breastfeeding, it is not so easy to disentangle the image from the real, lived, sensory and emotional experience of it. Where there is a deep chasm between expectation and experience a new mother may feel confused, betrayed, falsely informed. There may be undercurrents of having been 'duped', of having only been told one side of the story, of having invested in the ideal rather than the *reality* of breastfeeding. She is left with a sense of shock at just how difficult her lived experience is, how at odds with everything she thought she knew.

Amanda: . . . they don't tell you that when they go on about it – oh it's so convenient and it's so natural! And it is, it is all of those things, but . .

The ups and downs, highs and lows of this short-lived but dramatic physical and emotional experience fly in the face of imagined visions of the infant at its mother's breast – serene, peaceful, content, dignified. What isn't fit for public viewing is the ordeal, trial, torment, horror, hell, misery, agony and torture – literally the stuff of nightmares – that constitutes the embodied reality of breastfeeding for some new new mothers.

Amanda: It did pass, but I was in a lot of pain to begin with, a lot of pain. I mean it makes me laugh now, I mean literally my chest was covered from me digging my nails in. I mean it's not the picture they have round the ward …

Summary

Integral to this theme was the way in which pregnancy, birth and post-natal experience can be experienced as a loss of corporeal integrity. There were ontological dimensions to this experience as new mothers' maternal experiences challenged their sense of embodied wholeness, completeness and 'rightness' upon which their very sense of self depends. Emergent was the way in which corporeal change brings corporeal vulnerability, fragility and unpredictability and with it the threat of ontological insecurity. For Celeste the experience was one of bodily disintegration that resulted in loss of trust and a perception of the body as outside of the self, split off, imbued with persecutory intent. This was also experienced by Charlotte, Carol and Amanda whose reactions to bodily sensations and body image instigated a disconnect from their body or body-part(s). In each case this was accompanied by a disconnect from the 'self', which was experienced as a kind of numbness bordering on depression. Conversely, the experience of corporeal attunement during labour gave rise to feelings of pride, powerfulness and embodied wisdom for Amanda, Carol and Clara. The post-natal body was particularly associated with dissociation and pain and especially so for Amanda, Carol, Charlotte and Jen, whose experiences echoed shock, unpreparedness and betrayal at having been 'kept in the dark' by others who deliberately failed to warn them. Breastfeeding

had particularly marked influence on experiences of bodily integrity and by extension, identity as a 'good' or 'bad' mother. This was evidenced in Carol's and Amanda's inability to breastfeed and the negative impact that had on their relationship to their bodies and to their sense of themselves as mothers. For these mothers their own subjective embodied experiences were at odds with expected or idealised versions of motherhood which they now realise were unfounded in concrete, bodily, lived realities. For the majority of the participants (Jen, Carol, Clara, Amanda and Charlotte) their post-natal bodies were experienced as changed bodies – perhaps unalterably so, and this necessitated a total renegotiation of embodied identity which was an unexpected part of motherhood.

5.2.4 **Being-against-time: An Unnatural Bodily Rhythm**

This theme explores the temporal nature of maternal embodied 'events' and in particular highlights the way in which new mothers are not just beings-in-time, but rather experience themselves as beings-*against*-time as their subjective experiences of their own internal and external bodies are measured against the objective ticking of the clock. It reveals the confusion experienced by new mothers in the face of polarised views on post-natal bodily 'realities' and the deep anxieties lived through in an attempt to 'match' their own maternal bodies to expected medically and socially sanctioned 'norms'.

Temporality is an existential theme that plays out across maternal narratives. New mothers can feel impatient and frustrated by time; time is in some ways their enemy. In the post-natal period the body's relationship with time is thrown into sharp relief; time is experienced as a nuisance, an impediment to a longed-for return to a familiar, liked, functional, 'normal' body. Time frustrates, confuses and obstructs; It drags, it flies by. Time serves to highlight how the body has

failed to make certain culturally assumed milestones and reminds a new mother that she has not in fact 'bounced back' as expected, but that her untamed, unsightly baby body has instead 'outed' her as a looser in the post-natal body stakes. Her body announces to the world that she has failed at being a contemporary woman.

Carol: … it's taken so long for me to start losing weight…part of me, the logic part of me, is going 'I know this is going to take time to get back', but . . .

Jen: It's the time-frame. It's just, it was longer. I knew all the facts and all the details and all how it might feel but it just – it was more than I thought it would be in time and how it feels.

The post-natal body is generally understood to have experienced a traumatic physio-biological event, leaving it in an altered, fragile, transitory state. To expect anything from the body at this time is considered inadvisable, reckless even. This is a body in limbo and all activity is necessarily suspended.

Clara: 'Cause you have to wait for the six-week check and then I was doing pilates twice a week, running and doing aqua-natal and if I wasn't I'd go out walking every day as well, but yeah, it was that six-week check and I think that your body, you have been through a massive traumatic event, haven't you? So I'm not daft, you know, I think your body does need that time to recover.

Carol: At six weeks that was it. I kept saying to Jon 'ok, at six weeks I'll start doing the exercises' and stuff like that and then at six weeks you think 'I can't do that!'

There is a sense that the post-natal body is unpredictable, its fate lying precariously in the hands of time. There is an over-riding experience of having to wait and see what the outcome will be, of having to manage the not knowing how the body will adapt, change, turn out over time. There is pressure from the demands of others on the post-natal body, a social expectation of attaining pre-

set goals in terms of the body's appearance and performance that seem impossible to achieve. The 'six-week check' signals 'go!' in a one-size-fits-all template of physical recovery and readiness to resume 'normal' bodily function. The six-week check is the arbiter of normality, the body assumed to no longer be in a maternal state and all prior corporeal pursuits are sanctioned once more. For the new mother the six-week check is both a finishing line and a starting line. It marks both the beginning and the end and releases her finally from the aftermath of pregnancy and birth. She has turned a corner; she is free to move on. Her body is officially discharged by the doctor and handed back to her. Her body is now free to go. During the first six weeks the body is viewed as a fleshy vulnerability, swollen, bruised, misshapen, scarred, damaged. The spine creaks back into shape, freed from the weight of the 'bump', internal organs migrate back to their rightful place, bloated breasts harden and soften, nipples crack and scab and heal, the uterus makes its journey south, atrophying as it goes. Clean-cut abdomens and perineums knit together again, swallowing the stitches that bound them as the throbbing of distended tissue fades away. The heavy, dragging pelvic floor tightens as it struggles to keep liquids and gases in its flabby grip. Cushions of inflamed itchy tissue that hang and scream at the rim of the anus gradually crawl back inside. All these competing sensations of pain and discomfort are normalised within the confines of the six-week check. All are *de rigeur* for the post-natal woman - until the six-week check. Then it's all systems go! However, the bodily reality is that the cervix never returns to its nulliparous state and the vagina never completely returns to its pre-pregnant size. The muscle tone of the perineum may or may not return to normal depending on the extent of injury to muscle, nerve and connecting tissue. Uterine size remains larger than prior to gestation and the abdominal wall's return to a pre-pregnant state depends greatly on maternal exercise. Nevertheless, there is a pressure to conform to the 'six-week cut-off', for the body to be ready to start springing into shape, for the new mother to feel physically well and primed for a work-out, but the reality is that at six weeks you are nowhere near that goal. To be in a post-natal body is to be exposed to feeling judged. The cultural message received is that your body is only allowed to be out of control, a baby-body mess, for the first six weeks, and that after this time-frame, the body is seen to have failed to comply, failed to reach the

finishing line in time. You have missed the qualifier for entry into successful motherhood

Carol*:* They're saying your body is ready to start getting back after your six-week check, that's like, the line. Before that you can be as poorly and as whatever as you want – after that you gotta start getting on with it.

Jen: So it got to the six-week check and I thought 'I should be better by now', and I was kind of thinking, my god, has it ruined me for good?!'

There is little space for mothers to encounter motherhood in their own way, for their bodies to adapt to maternity according to their own natural rhythm, without fear of judgement. Received wisdom about how the body *should* react to pregnancy and birth has the potential to render new mothers feeling inadequate, abnormal and lacking in some way, banished to the fringes of a culturally invoked bell-shaped curve. Internalising this bodily deviance, the mother herself also feels deviant and wears her failed body as if it were a blanket of shame, the overhanging sagginess publicising to the world that she didn't get it right.

Carol*:* I was annoyed because everyone was saying I *should* be ready, I *should* do some exercise and I *should* start to lose weight now and everything *should* start to go back to normal NOW and it wasn't until Ella was about six months old that everything started to really get back… like I started to lose weight and everything started to go back to normal.

Jen: You know they say 'oh the stitches will go away in three weeks and you'll stop bleeding after four weeks', whereas I only actually *started* to feel normal after about two months.

This medically imposed time-check on physical recovery post-birth has become a bench-mark against which a new mother judges her body's performance. Rather than allowing her body to heal and recover within its own time-frame,

there is instead a race against the clock to conform to a certain post-natal body template. Bodily non-conformity is interpreted as a failure, leading to fears that the body has been irreparably damaged. It isn't just the discomfort or pain that is surprising, even after six weeks, (that is to be expected immediately after birth), but what is not expected is to still be experiencing the physical effects of childbirth, the hanging, pulling, dragging, heavy sensation that comes with the pull of gravity on a weakened pelvic floor long after she thought her body would have moved on from it's post-natal state. This leads to fears that normality may never return, that the body has been compromised, damaged, weakened indefinitely, that function may not in fact be taken for granted or relied upon. There are undertones of remorse and expressions of loss for a former self. The only real body is the lived body, the present body, the current body. It is easy to loose sight of other bodily possibilities or realities, plunging an unsuspecting and unprepared new mother into despair at the possibility that childbirth could have robbed her of her perfect genitalia so young.

Jen: … if you know that you'll go back to normal eventually that's fine, but at the time it doesn't feel like that and that's what get's you down, you know, you think, gosh, it will never be the same down there and I've only had one kid … it just felt too young to be a bit ruined down there and not be the same again.

Carol: It takes a lot longer than you think it will, but it *will* happen. It *will.*

A new mother's awareness of time is heightened; everything is experienced and checked against the passing of the clock and each milestone is reached according to how many days or weeks have elapsed since leaving hospital. Progress, recovery, weight – both mother's and baby's - are all judged to be 'normal' or not according to points in time. Recovery matched against the passing of time may be keenly felt as even simple, day-to-day tasks and activities are tentatively resumed.

Jen: You're not meant to walk too far or do that much exercise and obviously that's normal to start off with . . . but maybe, say, ten days after she was born, walking into town and back, that was like

a big deal and you could feel it and it hurt and that's a bit of a shock!

Jen: And even now, it's still, I mean if I'm on my feet for hours you can kind of feel it.

Even when physical recovery is swift and healing is minimal following childbirth and the six-week hurdle has been cleared, new mothers can still feel physically and emotionally fragile. The six-week check behind her, she may have heightened expectations of herself and of what her body is capable of. Failure to meet this perceived marker can have a negative effect on mood. There is a danger that unrealistic expectations of self-efficacy post six-weeks can threaten to undermine a new mother's sense of maternal achievement leading to lowered self-appraisal and self-esteem. Her body now over the six-week check, there may be a supposition of pre-pregnant physical functioning against which she measures current levels of energy, aptitude, stamina, functioning and appearance. Self-imposed markers of coping and 'doing well', when perceived as unmet can result in pervasive feelings of inadequacy that, if not checked, can inaugurate a decline in emotional well-being.

Clara: I had days when I was more tired and I'd be like, oh I just feel a bit rubbish and that's when Steve would kick in and go, but you're fine, look at you, you've just had our baby! Your body has just given us a baby! Like, stop being stupid! And then you're kind of like, oh yeah, I *have* given birth and I *have* had a baby! But if you didn't have a supportive partner I think it would be a completely different story.

Even many months after birth the body may still feel different. There is a memory of a bodily *before,* a fleshy hint of corporeal normality tantalisingly still out of reach.

Jen: I'm still not back to 100% what I was before but I feel kind of 'normal' in a way that I didn't before … I mean, still not totally and

that's partly because of the whole breastfeeding thing – it's difficult to kind of 'own' your body.

Carol: People say, or my friends said, oh yeah, it'll take time . . . you've had nine months making this baby, give yourself nine months to get it back.

Summary

The existential nature of maternal experience is evidenced by the way in which mothers 'clock' their pregnancies, births and post-natal bodies by the day, week, month – structuring in an external, objective way what are intrinsically subjective, unique, individual, even extra-temporal events. Pregnancies are temporally charted, fixed, medically governed events but the embodied, lived experience is different – pregnancies can 'go on forever' or 'fly in'. Similarly birth is temporally routinized, structured and clock-bound, but few birthing women can tell you what time it is or how long they have been labouring for. In the post-natal period women's bodies are subjected to the same time-bound scrutiny which culminates in the six-week check. As evidenced by Carol, Jen and Clara, this was experienced as an unnatural bodily rhythm that ramped up anxieties about bodily performance, acceptability, normality and desirability. Medical and cultural 'norms' pressurise lived bodies to adapt, heal and conform to specific body templates that fly in the face of many mothers' experiences of their own fleshy, hanging, still painful bodies that have not yet 'bounced back'. Clara, Jen and Carol were all sensitive to normalised versions of new motherhood and all experienced distress when failing to match up to supposed temporal bodily norms. This in turn undermined their self-esteem as new mothers and as women having deemed, not only their bodies to have failed, but their very selves.

5.3 Overview of themes

Four themes emerged from the analysis of the data. The first theme, ***loss of corporeal autonomy*** was evidenced by the way in which the participants voiced feelings of being unboundaried, exposed and open to the encroachment of other people during pregnancy, as well as feeling usurped or subsumed by the foetus during pregnancy. Also emergent was the experience of a shift in bodily priorities in deference to this more important 'other', both during pregnancy and in the post-natal period and of no longer being in control of body maintenance after the birth due to the time constraints imposed by being responsible for a new-born. The participants also expressed feelings of being out of sync with bodies that no longer felt their own and were no longer under their control. There was also the experience of the pregnant and birthing body being 'taken over' by medical professionals who disempower, invade and violate juxtaposed against the experience of deep bodily attunement which empowers, protects and mediates against fears of not being able to cope physically and emotionally with the demands of birth. All these experiences echo the struggle to keep hold of the reins of a disembodied self that has become overwhelmed by the embodied trials of childbirth.

The second theme, ***becoming an 'Other'*** was evidenced by the way in which the participants described how embodying a new physical form inaugurated the renegotiation of a new kind of self, an alien, unrecognisable self who no longer holds the same taken-for-granted place in the world. There were fears of embodying a 'fat' identity in pregnancy and in the post-natal period, or of 'fatness' robbing you of a pregnant silhouette or the distinguishing 'marks' of maternity. There was confusion and anger at received cultural messages about maternal identities, so at odds with women's lived realities. Sexual identities were also threatened by undesirable and unacceptable post-natal bodies that steal away all desire. Also evident was the centrality of breastfeeding in the making and breaking of maternal identities. All these different facets of becoming an 'other' were underpinned by the more ontological experiences of personal incongruence and the renegotiation of selfhood.

The third theme, ***bodily dis-ease: pain, dissociation and betrayal***, considered the experience of maternal embodied loss, whether through loss of physical functioning or to changes in cosmetic appearance as a result of childbirth.

Inherent in this were feelings of being once-removed from the body, the body now viewed as an object or an appendage and body-parts experienced as broken, faulty or useless. Ambivalence was evident here, with feelings of shame, vulnerability and rejection in response to this broken body contrasting with feelings of almost Amazonian strength, pride and respect for this body(self) that has just given birth. On the one hand the body is viewed as a failure, no longer dependable, unalterably changed and on the other, the body is viewed as a source of agency, power and strength. The experience of bodily disintegration and alienation was also voiced in response to the sometimes extreme pain endured in labour and as a result of breastfeeding. All these experiences of bodily dis-ease challenge a new mother's perception of wholeness and threaten a sense of ontological security.

The fourth theme, ***being-against-time: an unnatural bodily rhythm*** emerged as an exploration of the embodied struggles of mothers as they attempt to match their pregnant, birthing and post-natal bodies against pre-set, one-size-fits-all body templates. The mother experiences being thrown into periods of limbo – waiting for the next stage or next change. What emerges is the bodily incongruence and dissatisfaction that results from perceived 'failure' to meet the external, temporal 'mark' superimposed on maternal bodies by cultural and medical expectations and the ensuing negative effects for those who feel they have 'failed' at possessing contemporary bodies and 'failed' at being contemporary mothers.

CHAPTER 6

DISCUSSION

My being is a closed-up house from which they have removed a body.

(Cecile Sauvage, 1955 quoted in de Beauvoir, 2010:563)

6.1 Introduction

The aim of this research project was to learn - from the body - more than was previously known about the experience of becoming a mother; to bring to light embodied aspects of pregnancy, birth, breastfeeding and post-natal experience in order to both enhance and expand, dissolve and explode preconceived notions of motherhood and add fresh, fleshy knowledge to both research and practice in the field of psychology and psychotherapy.

In the previous chapter I explored my findings concerning what it is like to be in a body that has just given birth. The findings bear witness to the ways in which the body represents, informs and facilitates a relationship with the self and with the world. In this chapter I will discuss key theoretical points relevant across all four themes, then go on to explore, theme by theme, where my findings sit within the extant literature around (female) embodiment. In doing so I will attempt to highlight the uniqueness of the study (its more challenging aspects) with respect to other research findings. I will then offer a critical evaluation of my thesis, which will include an evaluation of the chosen methodology (hermeneutic-phenomenology) and a critique of the method used (van Manen's

approach). I will also address the negative bias in the narrative, exploring any role the interview schedule may have had in this. In the final section, I will consider the relevance of my findings to the field of psychology and psychotherapy and suggest potential avenues for further phenomenological research.

6.2 Discussion of Themes

Post-natal embodied experience, as evidenced in my findings, sprawls across and invades every aspect of a mother's Being in a way that cannot be clearly dissected or neatly delineated. It permeates and percolates throughout each dimension of her existence in such a fundamental way that it is impossible to talk of experiencing *anything* without the body. 'Body', therefore, for the purposes of my thesis, is assumed to be synecdochic with psychology, a priori to all experiencing and all meaning-making, the partner to thought and emotion. Exploring psychology is thereby incumbent upon exploring the body and this is reflected in the existential-phenomenological literature which identifies how the phenomenon of maternal embodiment can be seen to infiltrate all four 'dimensions of the lifeworld' (Binswanger, 1963; Yalom, 1980; van Deurzen-Smith, 1997). That is to say that our bodies are a nexus of interconnecting relationships with the environment (*umwelt*), with others (*mitwelt*), with the self (*eigenwelt*) and with our spirituality (*uberwelt*).

By extension, all of my four themes sit somewhere within Ashworth's (2003) existential 'fractions' of the lifeworld: *embodiment, selfhood, sociality, temporality, project, discourse and mood-as-atmosphere*, all of which unfold and come to light when researching lived embodied experience. This changes the focus of Ashworth's fractions slightly since, arguably, embodiment could be seen as a superordinate 'fraction' in that within it lurk dimensions of the other six which all flow from and go back to embodied experience. My findings reflect this in the way that they all overlap and play into each other, enabled and facilitated

by the body. They demonstrate how *selfhood* and *sociality* are inextricably linked and anchored in embodied being, the body at the same time being discursively co-created through discourse. *Temporality* is shown to be an ambiguous concept, experienced through the lived body as either 'ekstatic' time (Heidegger, [1927]1988) or objectively experienced as 'clock' time. *Mood-as-atmosphere* emerges as the way in which the body perceives a situation directly, 'tone' being the immediate embodied response to the environment, whilst *project* is mediated by the concrete physicality of our bodies, our intentions towards the world and our ambitions for ourselves which are always dependent upon the body in its unique specificity. Maternal embodied experience necessitates a complete re-evaluation and restructuring of all the fractions of the lifeworld, embodied change being the precursor and the catalyst for every existential fraction. Childbearing, by this understanding, is therefore not only a body-changing event, but an existential one.

At the heart of the first three themes, *Loss of corporeal autonomy*, *Becoming an Other* and *Bodily dis-ease: pain, dissociation and betrayal* lies a common experience: that of ontological insecurity. Liang (1973:39) used the term ontological security to denote 'a centrally firm sense of [one's] own and other people's reality and identity' which arises from one's 'presence in the world as a real, alive, whole and . . . [temporally] continuous person' (*ibid*.). He posited that ontologically insecure people have a tenuous grasp on themselves as coherent entities, as contiguous beings, experiencing themselves as having nebulous identities that are always in flux. To be ontologically insecure is to grapple with who you are. Highlighted in my findings is the way in which (rapid) and changing corporeal realities similarly usher in a desperate and alienating struggle to maintain a sense of identity which echoes Liang's explication of ontological insecurity. Corporeality and embodied experience, thought of in this way, seem absolutely fundamental to the making and breaking of (perceived) identities. This being the case, it could be argued that maternal embodiment has the capacity to explode perceptions of selfhood, opening up a dialogue with other modes of being that threaten a new mother's sense of ontological security but which could also usefully be seen as an opportunity to explore the richness,

diversity and endless possibility of being which is rooted in and made possible by an altered body. As evidenced in my findings, bodily change undoubtedly calls into question for new mothers issues surrounding personal and social identity that at times result in a fragile and vulnerable sense of self. This alludes to the more ontological dimensions of bodily concerns – concerns with cosmetic appearance, shape, size, function and damage – that go far beyond surface or vain indulgences and strike at the very heart of the woman herself. The post-natal period is possibly pervaded by an existential angst that cuts through more sentimental images of the contented mother and child and recasts the ideal of the coping, happy mother. It makes sense, therefore, that a clearer and deeper understanding of the centrality of (and indeed the ontological nature of) embodied experience in general, and in particular during maternity, may help better inform and support women during their transition to motherhood.

Having discussed the main theoretical threads underpinning and interconnecting each of the four themes, I will now go on to offer a theoretical, philosophical and empirical discussion of each theme in turn.

6.3 Loss of Corporeal Autonomy

He dragged you from me. The surgeon:
His pink head shone under sparse wet hair.
An angry face down there beyond my thighs.
Machinery, a massive light, men around you and me . . .
A row of frightened students lined against the wall
Famed by my aching legs strapped tight.
The balding pink man showed them the scissors
And cut me . .
Relax he shouted.

(anon., quoted in Kitzinger, 1992:71)

6.3.1 Philosophical and theoretical discussion

As pointed out in the introduction, classical psychology still aligns itself with the medical positioning of the body as an object. However, as I argue in this thesis, Merleau-Ponty ([1945]1962) asserts that the body cannot be an object, distinguishable from a 'thing', because we cannot turn away from our bodies or leave our bodies as we would a thing. This understanding of embodiment is brought to life and fleshed out in my findings in the way that they uncover the inextricable link between the experience of self and other, mind and body, thought and emotion. My findings therefore confirm Merleau-Ponty's assertions that we can only ever perceive *with* and *from* the body, refuting more positivist, reductionist concepts of the body which dominate psychological theory and practice today. New understandings of the body, as brought to light in my findings and theorised by Merleau-Ponty decades ago, position it as irreducible to an object since it is always and a priori in the world with us. Without our body we would be unable to perceive or know anything, including ourselves. The body is therefore not an object of our perception, but our very *means* of perception. We encounter the world through our bodies just as the world encounters *us* through our bodies. This is a two-way street, a co-creative process of 'sense-making' and 'form giving'– we don't just perceive the world, but act upon it, just as the world perceives and acts upon us. The body is therefore not fixed, but dynamic; not a state, but a process. It is a *becoming*, never concrete and irreversibly delineated, but rather fluid, flexible, open; it digests the world around it through the senses, continually forming and reforming itself; it simultaneously puts out and takes in, intelligently realigning itself according to exterior and interior (intuitive and immediate) awareness. We are not just bodies therefore, but *body-subjects*, what Merleau-Ponty goes on to refer to as 'flesh'. In notions of 'flesh' Merleau-Ponty (1968) seeks to define what was uncovered here in my findings, namely a nondualist, nonbinarised ontology that smashes notions of boundaried objects or subjects with definable, observable 'cores' and instead allows for an intermingling of objects and

subjects, an interpenetration of the senses (the visible) and thought (the invisible); subject (the seer) and object (the seen).

On a related theme, the humiliation and shame experienced in the aftermath of birth as a result of bodies being taken over, intruded upon, interfered with or even violated, often colours the post-natal period and renders the new mother vulnerable to negative judgement from others. From an existential point of view, shame is predicated upon objectification, upon being seen or exposed. This is witnessed in my findings which exemplify Sartre's ([1943]1969) theory that 'shame is . . . shame of *self*; it is the recognition of the fact that I am indeed that object which the other is looking at and judging' (p.261). This being 'caught' in the look of another is important in as much as we depend upon the other for our sense of who we are, our own body-subjects being inaccessible to us as objects. The 'look' disembeds us from our world, distances us from our sense of self. In the look there is an awareness of the body as it is for the Other:

> 'Beyond any knowledge which I can have, I am this self which another knows. And this self which I am – this I am in a world which the Other has made alien for me' (*ibid*.).

This is mirrored in my findings by the way in which the participants hid their bodies from others, covered themselves up, recoiled from the gaze of the other or retreated from social spaces so as not to be observed or seen in their maternal state. It is also congruent with my own experiences of mortification at embodying such an enormous pregnant form. This (shared) experience of bodily shame simultaneously exiles new mothers from their taken-for-granted place in the world, robs them of their identity and changes their social status. This is captured both in my findings and by Sartre when he contends that in 'the look' there is pride or shame which is the feeling of being finally what I am, but elsewhere, over there, for the other:

> ‘My being-here-for-myself is also a being-there-for-the-other. I cannot transcend this. The look traps me in my being-for-myself, brings it into view. I cannot hide from it. My body is no longer purely and simply (unconsciously) lived but is extended outside in a dimension of flight which escapes me’ (p.352).

Sartre contends that we cannot be embarrassed by our lived bodies, but only embarrassed by our body as perceived by the Other – an alienated body that is always out of reach. Feelings of mortification, of wanting the ground to open up and swallow us are not therefore a desire to annihilate the body-for-itself, but rather the ‘inapprehensible dimension of the body – alienated’ (p. 353). This explains the way in which being objectified by the Other, such as is reported in women’s childbirth narratives, and illustrated in my findings, not only affects a new mother’s sense of herself on a personal level, but extends to her understanding of her relationships with others. As alluded to in my findings, all aspects of her existence have to be reframed and recast: ‘The Other’s look touches me across the world and is not only a transformation of myself but a total metamorphosis of the world’ (Sartre, [1943]1969:269). My findings in this respect illustrate Sartre’s concept of the body as ‘more than’, our physical realities securing for us either acceptance or rejection in the eyes of society. My participants’ experiences of alienation from self and world, made real through the changing shape and size of their bodies, challenges Cartesian notions of fixed, observable, separate selves existing independently from each other. The lived experience of fragile, fluid selves rooted in the perceptions of others, so clearly expressed in my findings, calls into question any prior conceptualisation of motherhood as a ‘transition’ and positions it more usefully as a potential ‘transformation’.

Further, at the core of this finding is the renegotiation of identity ushered in by a changing carnal landscape that in some ways outgrows a new mother and

leaves her behind. This uncanny experience of disembodiment renders her existentially naked, grappling with issues of selfhood and identity which is underpinned by strong feelings of humiliation and shame. The body is 'lost' to the mother in two ways: either she perceives it as *taken* from her by the public, by the medical profession, by the foetus or the new-born; or it is *gifted* by her to her baby. Either way, she experiences her body as no longer her own and her being-in-the-world as no longer autonomous. Inherent in this loss of autonomy is the objectification of the mother's body, which calls into question her sense of herself as an experiencing subject. The new mother feels shut down, squeezed out, usurped, discounted. My findings in this way provide ammunition for Young's (1980:95) assertion that 'silence and invisibility go hand in hand with powerlessness'.

My findings take Kristeva's (1981) notion of pregnancy as being a 'split subjectivity' into darker territory. Whereas she experiences pregnancy as:

> a change in my body; I become different from what I have been. My nipples become reddened and tender; my belly wells into a pear. I feel this elastic around my waist, itching, this round, hard middle replacing the doughy belly with which I still identify. Then I feel a little tickle, a little gurgle in my belly. It is my feeling, my insides, and it feels somewhat like a gas bubble, but it is not; it is different, in another place, belonging to another, another that is nevertheless my body (p.49).

My participants' narratives allude to a more negative emotional response to the experience of internal 'otherness'. There is horror and rejection in response to this split subjectivity for some, as opposed to Kristeva's curiosity and acceptance of being two bodies in one.

In a similar vein to Kristeva, Young (2005) tells us that the mother has a privileged relation to this other life, that only she can direct another's hand towards the movement inside her belly. For months only she can witness the life within her. As in Young's writings about pregnancy, so in my findings we see how the sensation of the baby's movement is also the mother's sensation. The mother's insides are experienced as the space of another while simultaneously being her own space. What is inside of her is also outside of her – an object subjectively known, feelingly known. The awareness of inner and outer, object and subject is no longer a dualism, no longer opposites, but co-existing and continuous. On a phenomenological level, the pregnant and birthing woman has a unique relationship with her bodily processes and the growing foetus. She feels the movements of the foetus and the contractions of the uterus with an immediacy and certainty that outsiders cannot share.

> . . . it is she and only she who lives this growing body and moves within it. She and only she has a privileged relation of *feeling* with the developing foetus. The pregnant woman feels the weight, position, and motion of the foetus as part of herself yet not herself. Others have access to feeling this developing life only by contact with and through her (Young, 2005:61).

This is reflective of the ambiguous relationship experienced by the mothers in my findings with their pregnant bodies, but again does not capture the disturbing and uncanny feeling of being both me and not me and the unsettling attempts of others to gain access to this other through her own body

Kristeva (1986) goes on to liken the foetus to an 'internal graft and fold' which becomes an 'inaccessible other' (p.178). She speaks of 'the abyss between what was mine and is henceforth irreparably alien' (p.179). My findings challenge this idea of the inaccessible other, by suggesting that there also exists for the pregnant woman an inaccessible self. Further, my findings extend this inaccessibility into the post-natal period which is missing in Kristeva's writings.

This alienation is also an alienation from self which is illustrative of my participants' own experiences during their pregnancies. This loss of self which is evident across all four themes, the accompanying shock at observing one's own body out of control, is more adequately captured within the words of Isadora Duncan in de Beauvoir's ([1953]2010) *The Second Sex*:

> The child asserted itself now, more and more. It was strange to see my beautiful marble body softened and broken and stretched and deformed . . . more and more my lovely body bulged under my astonished gaze . . . where was my lovely youthful, naiad form? where my ambition? (p561)

My findings therefore pose a challenge to the gynocentric feminism of Kristeva, Irigaray and Young in that they suggest that not all women experience maternity as being the telos of their existence.

Following Young (2005), my findings also challenge current (socio-medical) perceptions of pregnancy as a 'passive event' wherein the pregnant woman is seen to be waiting, 'expecting', nothing more than a passive instrument, the container of an involuntary event. Pregnancy is a phenomenon she observes rather than participates in. The subjective experience of the pregnant woman is therefore unimportant and largely overlooked. To the observer, pregnancy is a non-event, a watchful waiting for the climax. Subjectively, however, there is the experience of continual and rapid growth, movement and change. Young (2005) claims that this is an erroneous view since pregnancy is actually a dialectic, the pregnant woman being both the source of, and the participant in, a creative process and whilst this resonates with my own subjective experience, we see from my findings that this was not shared by my participants, the majority of whom had the experience of handing over their bodies to another's charge. This perceived loss of embodied autonomy, of being merely an observer of one's own body stems, Young (1984) argues, from pregnant and

birthing women's encounters with obstetrical medicine which alienate her from her own (embodied) experiences. She defines this alienation as:

> the objectification or appropriation by one subject of another subject's body, action, or product of action, such that she or he does not recognise that objectification as having its origins in her or his experience (p.55).

This makes sense within the context of my findings and may provide one explanation for the unveiling of new mothers' subjective experiences of corporeal de-ownership. Young further explains how, since a pregnant woman's 'condition' is medically defined as a 'disorder', medical instruments act to objectify and devalue her internal processes and the hierarchies within a medical setting disempower and therefore alienate her. In this way she is robbed of any sense of autonomy over her own bodily processes which in turn undermine her sense of self. Whilst this does not accord with my own experience (having fought hard to maintain bodily agency within a medicalised setting), it does find resonance within my findings, with five of the six mothers alluding to physical and emotional distress as a result of the objectification of their bodies by medical professionals. As such, my findings call into question current childbirth practices that position women's bodies as medical 'property', as objects to be managed for the purposes of labour and birth.

My findings also confirm Diprose's (2002) contention that corporeal generosity and embodied 'gifting' threaten the integrity of the existing body. As witnessed in the findings, paralleled in my own experiences, and anecdotally evidenced, new mothers speak of their own bodies being subsumed by the demands of their new-born. Perhaps because their bodies have been freely made available to the baby twenty-four-seven, there is a worry that their identity as women, rather than mothers, is being eroded. Diprose's theory opens up the possibility of reframing this potentially negative experience by suggesting that the body is a priori given in the creation of identity since we are primarily social beings and as

such our bodily existence creates new possibilities for being through our embodied interaction with others. An altered identity in the post-natal period is therefore unavoidable in the wake of pregnancy, birth and breastfeeding, and maternity can be regarded, not as a loss of self, but as a potent process in the creation of a new self. Presumably this involves a letting go of old notions of what it means to be an autonomous self and an openness to forming novel identities made possible through the relationship with the new-born. By this understanding, new motherhood creates opportunities for women to claim back a more potent sense of embodied agency and offers a more dynamic interpretation of an identity in flux.

6.3.2 Empirical discussion

My findings under this theme agree with, and perhaps extend, an understanding of the ambiguity found in Schmied & Lupton's (2001) study of breastfeeding mothers. As in my findings, they discovered that the experience of breastfeeding as either 'intimate and pleasurable' or 'violent and mutilating' was connected to an acceptance (or not) of blurred boundaries that were linked to notions of autonomy, independence and control. In the same way, my findings also confirm Akrich and Pasveer's (2004) conclusion that childbirth is contingent and contextual in nature, influenced by psycho-social factors. Self-evident therefore is the great need for this level of understanding to be encompassed within the childbirth arena, where the long-term sequelae of traumatic births are well documented (Beck, 2004a; 2004b). My findings indicate that, as suggested in Beck's research, embodied experience during childbirth is central to post-natal emotional and psychological distress or even trauma. In agreement with studies on post-natal mood 'disorders', my findings hinted that a sense of control during birth is implicated in emotional state in the post-natal period. My findings concur and lend support to other research findings that conclude that women who feel helpless and who do not participate in decision-making during labour are at greater risk of post-natal depression (Green and Baston, 2003; Oakley, 1980; Kitzinger, 1984). Sheila Kitzinger's research and writing in the 1980's and 1990's was challenging and ground-breaking, suggesting that, in not being

consulted about medical decisions during labour and birth, control of women's bodies is experienced as torn from them with well-documented emotional and psychological after-effects. My findings provide support for these claims and similarly challenge the positioning of birthing mothers as somehow divorced from the workings of their bodies during labour and therefore excluded from 'managerial' decisions.

Kitzinger's (1992) has repeatedly laboured the point that, in our technological culture, those with the power to define the meaning of birth (doctors) also write the script for how it is managed and how participants should behave. So, while doctors define birth, women experience it. In order that medical systems are operationalized easily, birthing women are required to be brought under control. In entrusting her body to medical professionals, she is jeopardising her very sense of self since, as Kitzinger (1992:72) points out 'whether or not a woman suffers physical injury, she is emotionally injured by being robbed of a sense of personal identity'. On this point my findings are unequivocal and seek to invite further dialogue and research into the (dis)embodied roots of birth trauma. Mothers in both Kitzinger's research and in my own, speak of being treated as disembodied objects. As one mother put it 'I was merely a vessel with my contents to be offloaded' (Kitzinger, 1992:73). As in my findings, Kitzinger found in her own research that women who described loss of bodily and self control during childbirth used the language of rape with correlated feelings of being isolated, violated, abnormal, stigmatised, different from others, no longer 'whole':

> In childbirth, as in rape, a woman may be stripped, forcibly exposed, her legs splayed and tethered and her sexual organs put on display to all corners. (Kitzinger, 1992:73).

She concludes that being robbed of autonomy during childbirth is a violence against women and that 'postnatal depression is often grief that follows

helplessness in the face of that violence' (Kitzinger, 1992:77). This tenuous link between loss of corporeal autonomy during childbirth and post-natal depression, although, widely alluded to in the literature, is made explicit in my research. My findings illustrate a clear relationship between body and mind, thought and emotion, embodiment and identity, made manifest through the corporeal and existential experience of maternity. My findings also, therefore, have in some way cleared the path for further phenomenological exploration into the embodied dimensions of post-natal mood 'disorders'.

6.4 Becoming an Other

> As I walked barefoot into our apartment, carrying my new-born, I felt disoriented. When I left this space five days ago, I was a totally different person. Now, passing through the same doors, I had become a mother, and the world, as I related to it, had entirely changed.
>
> (Brooke Shields, 2005:61)

6.4.1 Philosophical discussion

Clearly demonstrated in my findings is the phenomenon of embodied objectification, and the resultant rejection of the body or body-part(s) which are perceived as broken or faulty or undesirable. This rejection encompasses not only a changed relationship with the self but also a retreat from the Other and the social world. Intrinsic to this retreat is the negation of a woman's sexuality which undergoes a cultural makeover during pregnancy and in the post-natal period. Sexuality is taboo for the pregnant woman; female sexuality is slim and curvy and the pregnant body, so far removed from this ideal, is perceived as unsexy and undesirable. As Young (1980) points out, paradoxically a woman's

sexual appetite and sensitivity may become heightened during pregnancy (what Kristeva refers to as 'jouissance'), but her sexuality may be denied, declined or restricted. Since in modern culture a sense of self-worth is derived from looking sexy as prescribed by dominant cultural images, the pregnant woman may experience her body as ugly and undesirable (Young, 1980) and this may initiate a rejection of her maternal identity. My findings certainly bear witness to this experience and confirm Young's claim that pregnant women often find their bodies unacceptable and even shameful. A pregnant woman, or new mother may, on the other hand, feel she has been released from the demands of embodying a sexual identity since she has been freed from the sexually objectifying gaze, however this was unconfirmed by my findings.

My findings also support Young's (1980) contention that breasts are a crucially important component of body self-image for women and mothers. Just as Young describes, so we witness in my findings, that all women have an intimate relationship with their breasts – they may love them or hate them, but they are rarely neutral. As she goes on to state, breasts are 'the daily visible and tangible signifier of womanliness and sexuality' (p.76). As such, women in our society are keenly aware of the potentially objectifying gaze of the other on their breasts. The 'normalised' breast, propounded by dominant and ubiquitous media and internalised by most women, therefore renders self-abnegation almost inevitable (Young, 1980). Any deviation from the ideal will result in self-criticism, undermining a woman's relationship with herself as a sexual being-in-the-world. This is highlighted during pregnancy, with many women professing to love their new, bigger, rounded, hormonally enhanced breasts since they more closely resemble the idealised 'norm'. My findings go further than examine notions of 'self-image' and explore the centrality of breasted experience to a woman's identity. This was evidenced in Amanda's inability to make sense of her 'useless', 'hideous' breast which she perceives as neither a sexual breast or a feeding breast, a breast which calls into question her status as a woman and as a mother. This examination of the ontological-existential dimension of breasted experience is unique to my research findings and absent in the current literature.

Breasts also represent ‘a scandal for patriarchy because they disrupt the border between motherhood and sexuality’ (*ibid*. p.77). Again, my findings allude to the deeply unsettling effect on identity that breastfeeding can cause. Especially illustrative of this is Charlotte’s difficulty in conceptualising her breasts as ‘for the husband’ as well as for the baby. Just as in Young’s writings, my findings show how, with breastfeeding, comes a more complicated breasted identity, women’s breasts thought of as ‘for’ another, rather than for herself: ‘Woman is a natural territory; her breasts belong to others – her husband, her lover, her baby. It’s hard to imagine their value apart from measurement and exchange’ (Young, 1980:80). This is reflected in my findings by the way in which some of the participants felt usurped by the breastfeeding relationship, squeezed out by the conflicting and overwhelming demands on their ambiguous breasts. For Kristeva (1982), a woman’s identity is similarly betrayed by the corporeal act of maternity. Post-natally her identity is undermined by lactation and nurturance as she becomes a breast for the baby, a part-object, nothing more than a blank screen upon which are projected the needs of the infant. Although feelings about breastfeeding are characterised by maternal ambivalence, my findings explore the darker side of the breastfeeding experience, the materiality of the act and its impact on a mother’s ability to ‘cope’: cope with the pain, cope with the sedentary nature of it, cope with feeling exiled from social life, cope with being physically tied to a new-born, cope with not being in control of body shape and size. Dark, troubling, challenging emotions come to the fore around the experience of breastfeeding in my findings that go beyond those discussed the the existing body of literature. This is illustrated by Jen and Amanda both feeling trapped by having entered a breastfeeding ‘contract’ which is now impossible to get out of and by Carol’s desperate longing to be given permission to stop. Certainly there is evidence of a psychic struggle to keep hold of a sense of self in my findings which is rooted in the *embodied* experience of maternity and which perhaps reflects Kristeva’s concept of maternity as a fundamentally material experience.

My findings also elucidate what Grosz (1989) tells us, that 'mother' is dichotomously conceptualised as either temptress or mother, as Eve or the Virgin Mary - she cannot be both. Eve was lead by her 'wayward desires', expelled from Eden, punished with mortality; The virgin mother, by comparison, is compliant; she shows humility, self-abnegation and modesty. She is protective and nurturing. She is also sexless (Grosz, 1989). Kristeva (1986) asserts that, in this version of motherhood, purity and goodness itself is implicit in the creation of life and identification with this affords women a unique (patriarchal) position with which to identify. What is absent from this image is the woman's sexuality. The Madonna must be a virgin and patriarchal logic separates motherhood from sexuality: 'The virgin or the whore, the pure or the impure, the nurturer or the seducer is either asexual mother or sexualised beauty, but one precludes the other' (p.85). This dichotomy of motherhood/sexuality maps onto the dichotomy of good/bad, pure/impure (Young, 1980). Only when love or attachment is 'defleshed' does it become good. Eroticism must be sublimated so that love can be perfected, fleshy eroticism being imbued with impurity and badness, the sexual body despised.

Irigaray (1979) likewise considers that:

> the restriction of women to a phallocentrically constrained maternity is crippling . . . For the mother, it implies the severe limitation on her possibilities of self-definition and autonomy, her subjection to the Law of the Father, her subsumption under the patronym, her renunciation of an identity as a woman and a sexual being. As the silent, unrecognised support – the imute substratum – of culture, she must remain unacknowledged, confined to a predesignated reproductive function (quoted in Grosz, 1989:121).

Grosz (1989), Kristeva (1986), Young (1980) and Irigaray (1979) are all in agreement that maternity demands the sublimation of a sexually, socially,

ethically and politically viable and valuable self. My findings showcase this in witnessing how, for instance, Carol feels she can no longer belly-dance or show her body off to anyone, Charlotte no longer wears dresses and rejects the sexual advances of her partner, Celeste avoids social functions so as not to embarrass her husband, Amanda fights with the medical profession to regain 'normal' bodily function and Jen feels doomed to live vicariously through her husband who still 'has a life'. For all these women, maternity has confined them to reduced notions of selfhood and restricted their engagement with the social world. According to social convention, therefore, 'mother' can be seen to have no needs, to be all giving, existing only as a being-for-others, willingly sacrificing her very being-for-herself on the altar of maternal responsibility. New mothers' struggles to embody an identity as a 'good' mother therefore require them to gracefully give up, not only their bodies, but their ambitions, their sexuality and their existence as socially and politically relevant 'selves'. This struggle is clearly expressed in my findings, challenging dominant versions of motherhood as joyful submission to a more important other. My findings highlight the need to explore and perhaps demolish limited, patriarchal understandings of the mother's role which necessarily excludes women from the means of personal and professional development, physical fitness and sexual expression. Further, the findings invite a dialogue between the expectations placed upon a mother (and her body) and the lived reality of embodied motherhood, which, for the women in this study, smashed all notions of selfhood including self-image, self-efficacy and self-worth.

As such, the social demands on new mothers seem to inform their very definition as embodied subjects. What is witnessed in my findings can be understood within Sartre's ([1943]1969) explication of identity formation. He suggests that since we are possessed of non-positional consciousness, since we are aware only of ourselves as subjects, we rely on the Other for our very sense of who we are in our facticity. That means it is only through the other that we indirectly come to know how we are as a being-for-another, which is only achievable through the observation of each others' bodies:

> We in fact attribute to the body-for-the-Other as much reality as to the body-for-us. Better yet, the body-for-the-Other *is* the body-for-us, but inapprehensible and alienated. It appears to us then that the Other accomplishes for us a function of which we are incapable and which nevertheless is incumbent on us: *to see ourselves as we are*. (Sartre, [1943]1969:353).

Since the existed body is ineffable, unknowable outside of itself, we therefore 'resign ourselves to seeing ourselves through the Other's eyes' (*ibid*.). Since there is a chasm between the body-existed and the body-seen, we therefore attempt to learn about our being through the revelations of language. This is learned in infancy (as a series of psychological operations and of syntheses of identification and recognition) through the child's learning process with the Other's body. 'Thus the perception of my body is placed chronologically after the perception of the body of the Other' (p.358). That is to say, we can only know our bodies as a subjective object for Others through our perceiving of the bodies of Others. We cannot exist outside of our lived body in order to know it as an object-for-the-other and so we rely on the Other to reflect back to us who we (bodily) are in our facticity. By this understanding of the creation of selfhood, the far reaching impact on new mothers' psyches of ubiquitous media images showcasing 'ideal' maternal bodies, as is highlighted in my findings, is unsurprising.

By extension, Kristeva (1982) claims that initiation into the social world as a speaking subject demands the delimitation of a 'clean and proper' body. The theory behind this is that the infant's body must become boundaried, a unified whole, if it is to claim its body as its own and gain access (through language) to symbolisation. Semiotic drives (sexuality, corporeality) represent a danger to the stability of the subject and are signifed as abject. Maternity, for Kristeva, represents the semiotic *par excellence* and, as such, is viewed as abject,

maternal bodies representing the biggest threat to patriarchal order. The abject attests to the psycho-social horror at the objects that transgress borders and boundaries – bodily fluids, wastes, refuse – and signify the subject's mortality. The body-subject recoils from its own materiality. Interior matter, that which is alive, is deemed clean, but all that is expelled is imbued with filth and defilement – what was once life now infects life (Grosz, 1989). The sensation of abjection is when the subject confronts the impossibility of pureness, unity, order and stability. The abject is therefore a condition of and accompaniment to symbolic subjectivity – an ever present threat to identity. Abjection insists on the negation of the unruly, unpredictable, messy, leaky body; it demands transcendence from the corporeal. It is 'a refusal of the defiling, impure, uncontrollable materiality of a subject's embodied existence' (Grosz, 1989:72). The bodily processes of incorporation, absorption, depletion, expulsion and their products (food, faeces, sperm, tears, spit, (menstrual) blood, milk, vomit, amniotic fluid, placenta) all threaten the (paternal) symbolic order. To embody a maternal identity then is to embody the abject, to embody filth and decay - especially so in the post-natal period, when internal fluids have been expelled: blood, mucus, placenta, milk – all of which transgress the borders of the symbolic and shake the very foundations of a stable and unified identity. Maternity thereby both inaugurates and demands the shaking up of taken-for-granted, assumed concrete, notions of a selfhood which are always teetering on the brink of the abyss. What is unique to my study is an interpretation and evidencing of Kristeva's concept of the abject as applied to maternity. Understood through the lens of abjection, the post-natal embodied experiences of new mothers find some explanation. Their disgust and rejection of their own bodies, their refusal to look at themselves, their deep bodily shame and innate understanding of themselves as somehow 'wrong' and unacceptable and their desperate desire to return to a former, whole, socially sanctioned body all makes sense.

6.4.2 Empirical discussion

This theme specifically unveils the way in which bodily transformation inaugurates a renegotiation of identity, perhaps signalling the letting go of a

youthful or sexy identity, or the adoption of a mothering or a breastfeeding identity. My findings therefore confirm, but also extend, those of Bailey (2001). She found, but did not explore, the way in which embodying a certain image, conforming (or not) to a particular body template or silhouette (as mediated by and made desirable through social discourses and popular media) hugely informs new mothers' satisfaction or dissatisfaction with their bodies and with the identities made available through them. Her finding that some mothers accepted their post-natal body as the 'new normal' - a mother's body, no longer under the auspices of the slender ideal, was not confirmed by my findings, however. My findings challenge those of Bailey in that they suggest that a changed or altered shape is *not* simply a matter of cosmetic concern, but is indicative of a changed or altered relationship with the self, with the Other and with the world. Inherent in this altered shape is the mother's rejection of a perceived alien identity made manifest by a body that no longer represents her. This uncanny perception of embodying an alien self resonates with my own subjective experience of my post-natal body and in this respect I was careful to separate out the nuances of my own particular felt sense of alienation from those of my participants. This other, deeper, existential layer of dissatisfaction with body shape and size is not something that has been addressed in the existing body of research on maternal embodied experience.

There is much anecdotal evidence of the mother's rejection of her body in the literature. Iris Young (2005:50) muses about the way in which her pre-pregnant body image hasn't entirely left her movements and expectations, and how she moves 'as if' she were still as she remembers herself or identifies with herself:

> I literally do not have a firm sense of where my body ends and the world begins. My automatic body habits become dislodged: the continuity between my customary body and my body at this moment is broken.

This experience of disconnect from a known body is evidenced in both my findings and in those of Bailey (2001). Both of us highlight how the appearance of the post-natal body is often at odds with a new mother's emotional, psychological and corporeal knowledge of her own (prior) body. Bailey interprets this as instigating a renegotiation of boundaries between body and self and this again concurs with my own findings. Nash (2010) similarly concluded from her research that the post-natal body is an 'in-between' body in that it represents a corporeality that does not externally manifest its internal change. My own findings concur with Nash's in that, for example, Jen refused to buy new, bigger clothes, preferring to wait for the return of the 'normal' body. However, what is new in my findings is a consideration of the way in which new mothers tend to objectify their maternal bodies or body-parts, 'bumps' and breasts featuring particularly strongly as central to the creation of 'approved' maternal identities. My study goes further than any other in investigating how this objectification of the post-natal body, in phenomenological terms, evidences the way in which transcendence and immanence act as two modes of bodily being. That is to say, the body, when we are moving and acting freely in the world, when we *identify* with it in its taken-for-granted-ness, is an unwitnessed and invisible chaperone, a transparent medium facilitating a relationship with the world. Alternatively it calls attention to itself through dis-ease, fatigue or loss of function, becoming a weighted object, a physical prison, a separate entity, distinct from us. This goes some way to explaining Young's (2005) understanding of the phenomenon. She quotes from Straus (1963:51) to illustrate:

> If, suddenly, I am no longer indifferent to my body, and if I suddenly give my attention to its functions and processes, then my body as a whole is objectified, becomes to me an other, a part of the outside world. And though I may also be able to feel its inner processes, I am myself excluded.'

There ensues an alienated objectification of the body, a disembodied conceptualisation of the body as 'not me', that positions the body as 'other' and reinforces Cartesian notions of a dichotomy between subject and object, self and other, body and soul, flesh and consciousness. The body becomes a disposable object - branches, twigs and leaves that are extraneous to the life of the trunk; unthinking, unfeeling, unconscious appendages to the very soul of the tree. The body is conceptualised in this way as either a transparent mediator for our projects or an objectified and alienated resistance to being-in-the-world and this is illustrated by the way in which the participants experience their own bodies as alien. This alienation would perhaps seem less fixed and inevitable if, as Sally Gadow (1980) proposes, becoming aware of the heaviness and resistance of a fatigued or ill body (or a subjectively displaced body) was not borne out of ignorance, fear and ultimately, objectification. My findings are therefore novel in that they lend support to her suggestion that, in taking an interest in the sensations within the body, in inviting awareness of changing bodily moods, in accepting the body as it presents itself to us *in the moment*, we can experience the body as fullness rather than as lack. Being thrown into awareness of the body, such as happens during pregnancy, in the post-natal period and more explicitly during birth, provides an opportunity for learning how to experience the body in all its modalities, and how to continue to move freely in the world and accomplish our aims with the body in all its specificities. Certainly this has been my own experience of coming to awareness of my body through the practice of yoga which enables the positioning of consciousness *within* the body in such a way that it is always experienced as *me*, irrespective of sickness or health. It could be argued that being present to the current body in this way could increase the acceptance of an altered maternal body and re-establish a healthy and more liveable relationship with the embodied self in the post-natal period. Although this was my own approach to finding an anchor in my (un)usual, unruly post-natal body, there is no evidence of this in my findings, suggesting mothers could benefit from a better understanding of the kind of embodied awareness Gadow is proposing. By listening to the quality of their (maternal) embodied experiences, whether heavy or light, healthy or in pain, familiar or alien, there is much new mothers could learn about their 'new' selves and their 'new' relationship to the world. This focus in my analysis of the

materiality of the body as lived by the experiencing subject takes post-natal research into new territory and has the power to offer new mothers a novel way of understanding their altered corporeal selves.

Also congruent with Bailey's (2001) research was my finding that new mothers had difficulty describing themselves in sexual terms, breasts being redefined as 'for' the baby, fulfilling their 'true' purpose. Both Bailey and I found that new mothers had difficulty identifying themselves as sexual beings, describing themselves as more like 'someone's mum'. In becoming a mother, something intrinsic to a sense of self gets lost. Indeed, Degher and Hughes (1999) alluded to this when, in conclusion to their research on the adoption of a 'fat identity', they maintain that to renegotiate a 'lost' body necessitates a recapturing of a 'lost' identity, embodiment being central to notions of selfhood. My own findings go on to explore this assertion more fully, extending the notion of embodiment as not just central, but a priori to the creation of maternal identities and in this my study is unique. My findings reflect, but then go on to extend, those of Nash (2010 . She found a parallelism between 'fatness' and post-natal embodied experience in that, subjectively, fat bodies-selves are not publicly visible or viable, viewed merely as one-dimensional caricatures, asexual, even morally questionable. Where merely implied in Nash's findings, my research explores this more fully through Celeste's experience of her 'obese' maternal body which denies her access to motherhood and marks her out as a particular 'type' of person. Uncovered in Upton and Han's (2003) research was the finding that some new mothers worry that motherhood, made visible by their motherly bodies, would trap, define and betray them, marking them out as only that. My findings similarly highlighted this concern which was especially marked for pregnant and breastfeeding mothers.

My findings also confirm Longhurst's (2001; 2005) who reported that new mothers experience themselves as 'abject', as 'an unstable, leaking essence', and their post-natal bodies as 'shameful acts'. Roth et al. (2010) similarly alluded in their findings to the unacceptability of the maternal body which society

demands must be eradicated as soon as possible, however this was not explored or discussed in terms of Kristeva's notion of abjection as I am attempting to do here with mine.

6.5 Bodily dis-ease: pain, dissociation and betrayal

There are the clothes of a fat woman I do not know.
There is my comb and brush. There is an emptiness.
I am so vulnerable suddenly.
I am a wound walking out of hospital.
I leave my health behind. I leave someone
Who would adhere to me: I undo her fingers like bandages: I go.

(Sylvia Plath, 1971:44)

This theme encapsulates most fully my intentions towards the study, offering a new dimension to the existing body of literature by exploring the sensory perception of bodily change, the more fleshy, visceral, tacit experience of corporeal flux. Absent from previous research is an exploration of embodiment as 'materiality'. In this respect the findings are novel in that they delve into the flesh and elucidate the hanging, dragging, heavy, tingling, searing, burning, stretching, tearing, throbbing, aching, pulsating, penetrating, undulating, sharp, flopping, wobbling, bulging, oozing, leaking, dripping, creaking and pounding. This theme therefore alludes to all that is 'feelingly known' whilst also unearthing the experience of a being in a body which no longer resonates with the self, which exudes pain and discomfort to such an extent that it no longer belongs. It examines the experience of bodily dissociation, of perceiving self and body as divorced from each other, diseased body-parts split-off, exorcised from a more healthy core. Any link between mind and body is (artificially) severed in a desperate attempt to cling to notions of psychological stability. This objectification of one's own body is a phenomenon that comes up time and

again in new mothers' post-natal narratives. From an existential-phenomenological position there is some theoretical attempt to make sense of this widespread but underexplored maternal phenomenon.

6.5.1 Philosophical discussion

As already stated, Sartre ([1943]1969) for instance, posited that in ordinary life, the body is 'passed by in silence' (*passe sous silence*). Bodily engaged in the world, we cease to notice it; we take it for granted; we fail to pay attention to it as it is not an object for us, but rather a means of our subjectivity. Van Manen (2014) reminds us that we encounter the world with and through our bodies and it is only when the body calls us (through pain, malfunction, illness or discomfort) to attend to it that we begin to class it as a different entity, an object. The body can become estranged to us in this way, seeming cut-off, distant, alien, foreign. The body can be felt to possess malevolent intent, attacking us, killing us even. The body stands quite literally between the person and the goal. It is prohibitive, standing in the way of one's being-in-the-world, hindering one's project, impeding Dasein. Interpreted in this way, the body can be understood as the sine qua non of Dasein, both facilitating and limiting ways of being, enabling or inhibiting one's ambition for oneself. The explanatory potential of Sartre's theory in relation to interpreting my findings is huge, illustrations of which are peppered throughout the participants' narratives. Celeste, for instance, asks of her body 'why are you doing this to me', both Carol and Amanda consider their breasts 'the enemy', Charlotte refuses to look, or let anyone else look, at a body which she interprets as disgusting, unacceptable and unrepresentative of 'me'.

My findings therefore sit within Sartre's theory of embodiment, clearly illustrating his concept of positional and non-positional consciousness. For example my findings highlight how, when something goes wrong with a body-part, it can

become an object of the mother's scrutiny. She is frustrated with it, this body that no longer silently goes along with her wishes. Her body is experienced as enabling or disabling her desires for herself and her being-in-the world. She cannot ignore it, suppress its demands or hide from it; It is not easily separable from her sense of self. She can never put it down, turn away from it or leave it. Instead she must continue to exist within it, continuing to explore the world through her altered senses, her altered belly, breasts, hips, thighs. Van Manen (2014) explains that this suddenly becoming conscious of the body happens when the body draws attention to itself, through discomfort or pain or exertion. Most of the time we don't think about our bodies as we are absorbed in our world. Our bodies never enter our mind until we try to do something that pushes our body out of its comfort zone, or we hurt ourselves, or a body-part no longer functions as it used to. The body calls us into itself, no longer a backdrop to our preoccupation with life, our absorption in the world of others, wherein our body practically dissolves, merges into our 'doing' in a way that requires no consciousness on our part. Our relationship to the world seems fluid, unquestioned, 'normal'. When our body calls attention to itself, we do not just become aware bodily, but aware of our bodily relationship to others, to our world. When our body is out of sync, our relationship to the world is out of sync, our senses are out of sync - how we experience the world, through sight, sound, colour, taste, smell, touch – is all transformed. Van Manen concludes that there can be no such thing as bodily change in isolation, that 'with a changed body comes a changed physiognomy of the world' (van Manen, 2014:98). And this is the very thrust of my argument throughout this thesis and is confirmed in the findings by the way in which new mothers' experiences of their transformed bodies inaugurate a changed understanding of who they are in the world, their altered bodily functioning impacting upon and pervading all areas of their existence, facilitating or limiting possible ways of being and interpreting the self. Certainly my own experience is reflected in this understanding of post-natal embodiment, of embodying an alternative physical version of 'me', a new boobed, bellied, hipped me, who in no way represented the person I believed myself to be. In this respect my findings resonate strongly with my own experience and I was careful not to inflect the data with undue negativity. What

emerged from the interpretive analysis of the data, however, was that the more negative experiences of the participants far outweighed my own.

Perhaps unsurprisingly, one body-part that surfaced in my findings as most problematic for new mothers was the breast. Unsurprisingly since, as Iris Young (1980) points out:

> Phenomenologically, the chest is at the centre of a person's being-in-the-world and the way she presents herself in the world, so breasts cannot fail to be an aspect of her bodily habitus (p.94).

Further, she states that for a woman, breasts are a source of both bodily pride and sexual pleasure. She tells us that 'they map the journey from childhood to adolescence, from adulthood to motherhood, from young woman to old' (*ibid.*). Changes to breasted experience initiate changes to personal and social identity and the struggle new mothers go through in renegotiating these changed breasts emerges quite clearly within my findings, confirming Young's argument that changes in breast size and shape, changes in function or purpose and changes in appearance, all usher in feelings of confusion, grief, loss, emptiness, lack. Although Western medicine approaches the breast as 'a conglomerate of fixable or replaceable parts' (*ibid*.), as detachable and dispensable, my findings showcase how, subjectively, the woman's breast is central and crucial to her identity as a woman and as a mother.

6.5.2 Empirical discussion

In her research on breastfeeding experience, Bartlett (2000; 2002) concluded that breasts are 'thoughtful, knowledgeable, responsive and literate' and that, since bodies and thinking are co-determined, psychology therefore is a function of biology. Breast trauma is rooted, not so much in fears of becoming visually

'deformed' or disgusting, but in the experience of loss of self (Young, 1980). This relationship between corporeal loss and loss of identity is a central feature of my study which takes this phenomenon into new and relatively unexplored ontological territory. My findings not only confirm Bartlett's, therefore, but seek to deepen and expand understandings of the relationship between corporeal loss and loss of personal identity and posit that, as Palmer et al.'s (2010) research tentatively suggests, the embodied experience of breastfeeding requires more than mere biological adaptation, it poses new mothers with an existential challenge. My findings therefore cast an existential eye over previous research on the post-natal embodied experience of 'lack', of feeling reduced in some fundamental way that is not just physical or biological and allude to the more ontological dimensions of 'deflation' after birth which are only ever visible as surface phenomena. The paradox here is that although new mothers may look, and even experience themselves, as visually and spatially bigger than they were before pregnancy, in terms of selfhood, their experience is one of feeling *less*, reduced, incomplete, not fully 'with it' yet.

Also highlighted in my findings is the experience of betrayal, of unwitting unpreparedness for an event that tilts every aspect of a new mother's life on its axis. New mothers' embodied experiences of motherhood fly in the face of biblical images of the passive, submissive, bowing mother, swathed in blue, attentively administering to the baby's needs, images of peace and wholesomeness and female power (Kristeva, 1986). Just as my findings unearthed the ubiquitous proclamation: 'no-one tells you!', Kelleher's (2006) research similarly captured new mothers' experiences of unpreparedness and shock at the unanticipated levels of bodily pain and discomfort in the post-natal period.

Sheila Kitzinger's (1992:67) offers one explanation:

> Perhaps such warrior tales of trials endured can be an effective way of dealing emotionally with a traumatic birth experience. But today women

> are not supposed to tell such tales, and they often feel guilty about expressing anything other than a positive attitude towards the birth because of the effect that it may have on other women who have not yet had their babies (Kitzinger, 1992: 67).

Maybe this is motivated by a mother's will to protect her pregnant friend, daughter, colleague, cousin, granddaughter, rather than to deceive; to manage and contain the darker side of her own birth and post-natal experiences. Maybe mothers are silent as they dare not admit, even to themselves, what Kristeva (1986) dares to voice, that

> One does not give birth in pain, one gives birth to pain: the child represents it and henceforth it settles in, it is continuous. Obviously you may close your eyes, cover up your ears, teach courses, run errands, tidy up the house, think about objects, subjects. But a mother is always branded by pain, she yields to it. "And a sword will pierce your own soul too" (p.167).

6.6 Being-against-time: an unusual bodily rhythm

> Time is absolutely still. I have been here forever. Time no longer exists. Always, time holds steady for birth. There is only this rocketing, this labour.
>
> (Chesler, 1979 quoted in Young, 1980:55).

6.6.1 Philosophical discussion

This theme centres around the experience of time as an external yardstick by which mothers measure and evaluate their competency at motherhood and their position on the 'social motherhood ladder' (Neiterman, 2012). Temporality marks the post-natal period as an embodied twilight zone, the embodied mother in limbo, waiting impatiently to be checked out of her maternal state, eager to claim her place as a winner in the contemporary body stakes. This is a confusing time since, whereas the term 'pregnancy' denotes a specific, extra-ordinary embodied state, there is no similar term for the body after birth that singles it out as being 'not-yet-normal'. The puerperium, or the 'fourth trimester' alludes to the continuing biological changes initiated at conception, but this isn't part of mainstream conceptualising on the period after birth and neither does it encompass an awareness of the full extent of bodily changes. There's an assumption that the body after birth has been released from its pregnant state, that the period of physiological transition is over and the body is 'back'. But long after birth the transition continues. This body is as distinct in its characteristics as a pregnant one, but due to the absence of a foetus it has been overlooked as a body that has special status - a body that doesn't resemble a pre-birth body. The lack of a culturally acknowledged and accepted term for this bodily state has perhaps created a sense of ambiguity about how the post-natal body 'should' look and behave, placing the new mother under tremendous pressure to display a 'normal' body to the world, filling her with bodily insecurities at an already vulnerable transitional time. Pregnant bodies are 'allowed' to swell up and change shape; they are 'allowed' to transgress the slender ideal of femininity, but the post-natal body is afforded no such special dispensation. Cultural (Western) internalisation of the slender ideal impedes women's ability to conceptualise and live in an alternative bodily reality. The post-partum body is the woman's property; no longer 'with child' she must once again conform to culturally sanctioned ideals of femininity and beauty. The postpartum body is on its own biological and physiological journey and the way a woman makes sense of this journey can influence the mother she is in the process of becoming. There isn't enough understanding of this process in the literature, neither is it much discussed, even by mothers themselves and in this regard my findings perhaps veer onto new ground. Often women's bodies do go on to resemble their old, prior bodies, but this takes time and a great deal of work and

commitment on behalf of the the mother. Often the body remains in its changed state – a 'mother's body' and this is either welcomed or rejected by the woman depending on her own particular embodied sense of self and identity in the world. For most, the body keeps the score, tells the story of a life created, formed, grown, birthed and nurtured, indelibly and irrevocably carved into the flesh like graffiti - bellies, hips and breasts all decorated.

I have been arguing that it isn't just the woman's body that has been decorated by child bearing, but the woman herself, whose fleshy subjectivity is the very seat of her Being. These bodily changes, initiated by pregnancy, are reflexive, subjective processes that inaugurate a central shift in a woman's sense of Being-in-the-world. This more existential, ontological slant on maternal embodiment, emergent from my findings, extends and elaborates on what has only ever been alluded to in any of the literature so far discussed. Motherhood is reframed as not only a bodily project, but a fleshy process of becoming. I tentatively suggest that to grasp this more fully is to grasp the many struggles, dilemmas and 'disorders' some women face during this transition: post-natal depression, birth trauma and anxiety, all of which perhaps have roots in the ontological dimensions of embodied transformation and becoming. Perhaps to get to grips with the physical dimension of motherhood is to access more fully the heart of maternal emotional and mental disturbance. We think concerns about body image are shallow, but I suggest there is a much deeper vein running through preoccupation with appearance, an ontological dimension that should be explored and understood rather than being written off as mere vanity. It is in this respect that my findings cover new ground and extend the existing body of literature on maternal embodiment. In adding specific post-natal embodied experience to our corpus of knowledge, my findings open up new avenues of exploration, challenge the status quo and call into question taken-for-granted understandings of the experience of motherhood.

Exploring 'the shape of a mother', Jade Beall posted photos of her post-birth body (www.theshapeofamother.com) to show what a *lived* mother's body looks

like and it went viral. Thousands of other mothers joined in, agreeing to their bodies being photographed and published on-line. The result was a moving catalogue of maternal embodiment that highlights the deeply fragile and vulnerable relationships mothers have with their bodies and the relationships between their own and their children's bodies. Photos of confident, proud, defiant women showcasing bodies that have been changed and ravaged by pregnancy and childbirth, bodies that are ordinarily photo-shopped out of existence, rendered shameful and covert. We have become convinced these overhanging tummies, stretch-marked skin and scarred flesh are ugly and unsightly, but seen as part of the whole woman (as in these photos) the bodies are congruous; they are inviting, comforting, soft and beautiful. They bear witness to the creativity of life and the embodied connection of love. The images show intimacy, highlighting the bonded relationship between the mother's body and that of her child – how her body belongs somehow to her child, instinctively responds to it, both mother and child in bodily communion with each other. What Jade Beall's website attempts to show in visual form confirms what my findings are attempting to evoke with language: that the blanket of shame that has been wrapped around the body of a mother needs to be thrown off to reveal the lived reality of embodied motherhood and that becoming a mother changes both our body and our relationships, as well as ushers in the beginning of a new kind of self. My findings seek to open up a dialogue around why some mothers cling to a prior body or body image and this was similarly addressed in Dworkin and Wach's (2013) research which poses the very pertinent question: A mother without a mother's body – whose requirement or commission was that?

My findings make no claim to address and explore the more discursive dimensions of embodied experience but acknowledge that, as well as the maternal tools of body engraving, there are also the social, epistemic, disciplinary and surgical powers and procedures that carve, mark, incise and even constitute bodies in culturally and historically specific ways (Grosz, 1994). The findings do not explore Grosz's assertion that bodies in this way can be understood as 'living narratives, inscribed upon by pedagogical, juridicial,

medical and economic ‘texts’’ (p.118). Though I acknowledge that, through this process of ‘intextuation’ bodies become ‘emblems, heralds, badges, theatres, tableaux of social laws and rights, illustrations and exemplifications of law, informing and rendering pliable flesh into determinate bodies . . . ‘ (*ibid.*), I am attempting to showcase the more material aspects of embodiment and as such my findings neither set out to refute or agree with these claims. However, whilst I did not set out to provide discursive findings, there is nevertheless evidence in my findings of how ‘by regimes of dieting, makeup, exercise, dress and cosmetic surgery, women . . . try to sculpt their bodies into shapes which reflect the dominant societal norms’ (Bordo, 1993 quoted in Lennon, 2014). This is suggestive that political power works covertly through the way in which women police their own bodies into compliance and punish themselves when their bodies fail to comply with the rules or the Law. My findings therefore did uncover the ways in which mothers are susceptible to the prevailing norms of their own culture and judge themselves accordingly as having either succeeded or failed as contemporary mothers. My findings also highlight how media images establish a bodily ‘gold standard’, creating ‘right’ and ‘wrong’ maternal bodies, winners and losers. So while my findings confirm a more discursive understanding of embodiment, they also balance it by encompassing an understanding of the interplay between the material body as lived and the world as it is lived in. Just as in the metaphor of the mobius strip, my findings confirm a necessary understanding of embodiment as incorporating both internal and external factors in a simultaneous, mutually co-creative interweave, calling into question prior (medical) understandings of self, other and environment as mutually exclusive, separately existing boundaried entities.

My findings could, therefore, be taken to agree with Butler’s (1990; 1993) claim that women act out their gendered performance in line with social ‘scripts’ that reinforce dominant ideals. As she points out, those whose bodies do not conform to the dominant ideal are rendered social outsiders, the ‘abject’, subjected to social punishments. Similar to Bordo’s (1993) theory, my findings suggest that the social construction of motherhood is always homogenising and normalising, disavowing the idiosyncracies of the experiencing subject. Any

aspiration towards a single, coercive, standardised ideal is challenged by my findings in that, empirically, it flies in the face of motherhood *as lived*. These social representations of a 'ruling feminine mystique' (Bordo, 1993) necessarily contain, clip and limit expressions and experiences of maternal embodiment (Gatens, 1997). All of the mothers in my research attested to the existence of these ideals which were considered ubiquitous, unattainable and unfair. All felt under pressure to succumb to the social rules governing femininity (and by extension maternity) which gives credence to Bordo's (1997) understanding of contemporary femininity as merely 'a matter of constructing an appropriate surface presentation of the self' (p.94).

Luce Irigaray (1979) states that, with no access to social value in her own right, a mother has only food, love or nurturance to offer in exchange for recognition and value. She becomes either the mother who gives too much of herself or the mother who gives too little. These two extremes represent concepts of maternity in a culture that cannot acknowledge 'the woman who is (and is more than) the mother' (Irigaray, 1979a:121). Irigaray claims that the excessive generosity so defining of 'good' mothering and its negative counterpart, that of 'bad' mothering is the result of women's submersion in maternity and thus her eclipse as a woman. It is an effect of a social organisation (patriarchy) which induces guilt in those mothers who assert themselves as women, as autonomous, sexual beings, independent of the child or its father. As Young (1980:87) suggests:

> The ideal mother defines herself as giver and feeder, taking her existence and sense of purpose entirely from giving . . . She cannot have sexual desire in her mothering because this is a need, a want, and she cannot be perfectly giving if she is wanting or selfish.

Just as in Young's account, so here in my findings we encounter mothers talking either of being labelled 'selfish' for exercising or wanting to look good, feeling

guilty for putting their needs first and sensitive to being judged a ‘bad’ mother. They also talk of their annihilation as separate, independent beings in the face of the overwhelming demands of the baby’s needs.

6.6.2 Empirical discussion

My findings attest to the way in which mothers are aware of the requirement to ‘do’ maternity, to embody the correct silhouette, to sport the right shaped bump, to be seen to be a ‘good’ mother, to display an aura of contentment and a façade of coping. This all plays into the creation of a veil of secrecy, of deception and lies, and the concomitant shock of new mothers who feel duped into false understandings of motherhood. Central to my findings is the striving towards ‘good’ mothering which can be accessed (and judged) via mother’s bodies. As pointed out by Neiterman (2012) and confirmed in my findings, new mothers are innately sensitive to cultural values surrounding ‘good’ mothering and aware that climbing the social motherhood ladder demands (bodily) sacrifice. This suggests a monitoring of mothers’ behaviour, a categorising and judging of mothering skills and level of sacrifice that informs new mothers’ self-appraisal and by extension their self-esteem. My findings therefore mirror and possibly expand the research of both Neiterman (2012) and West and Zimmerman (1987) by extending into the post-natal period their finding that ‘doing’ pregnancy (or new motherhood) involves learning, adapting and performing. My findings also confirm, expand upon and extend Nash’s (2010) conclusions that mothers feel negatively about their bodies during pregnancy by offering an exploration of the ways in which they similarly feel negatively about their bodies in the post-natal period. Neiterman’s (2012) study of pregnant embodiment maps onto my own findings by the way in which she highlights the adjustment of bodily practices that accompany pregnancy. However, my findings add to this in that they highlight how, just as in pregnancy, the post-natal period also requires a renegotiation of physical tasks in order to cope with

discomfort and pain and this becomes part of the private, invisible, corporeal work of new motherhood. My study therefore challenges current literature which views the work of maternity as ending with birth. My findings suggest this not to be the case and argue for a re-conceptualisation of maternity which incorporates the post-natal period as a time of significant and multifaceted adjustment and potential ontological vulnerability.

The reduction of the mother's body and the mother's needs post-natally (as evident in my findings) is also mirrored and confirmed by Bailey (2001) who found that new mothers tend to describe their post-natal bodies as purely functional, rather than sentient, as a 'tool' rather than a source of personal enjoyment. Both Bailey's (2001) and Way's (2012) findings agree with my own - that, in striving to meet social expectations of a return to normality (regardless of bodily state), mothers' bodily impressions and perceptions are dismissed, downplayed or muted in an attempt to keep up appearances. My findings closely echo Way's (2012) research into post-natal perineal pain in that they similarly uncovered how this 'business-as-usual' front is often played out in the wake of extreme physical pain and discomfort, the 'normal' body experienced as inaccessible in the face of the every-day rituals of life - cooking dinner, doing the school run, keeping the house clean. All these tasks give the *semblance* of normality, but for the new mother *true* normality is incumbent upon the return of the habitual (pre-pregnant) body (Way, 2012). This is true for all but one of the participants in my research, who were merely going through the motions, sensitive to cultural requirements to conceal the darker side of motherhood and enact social expectations of the happy, contented, coping mother, all the time in limbo, displaced by the lived embodied reality of motherhood.

Fuelling this charade of normality is the striving towards mere displays of 'good' mothering. My findings brought to light just how much of a struggle this can be for a new mother who experiences herself as rendered emotionally mute by society's demands to (be seen to) cope. Feelings that are non compliant with the image of a happy, coping mother are stymied, bundled up and denied

escape lest she be vilified and judged. Emotionally and psychologically bloated with self-doubt and robbed of any means of social release, she can experience herself as becoming once removed from herself, fearful for her mental health. My findings therefore support Kitzinger's (1992) observation that women who feel distressed after childbirth and who dare to express their confusion, anger and loss are often told they are 'suffering' from post-natal depression. Their post-natal experience is thereby explained away. No other cause need be sought outside a diagnosis predicated on hormonal unrest. This denial of the lived, embodied experience of a major life event, the refusal to offer a space for open dialogue about feelings, silences a new mother. It robs her of her voice. If she speaks up, she is ill; if she remains silent, she is ignored and her mental and emotional health hangs in the balance. My findings similarly uncover a tentative link between the social expectation of coping and a downward spiral of emotional distancing and despair which is best exemplified by Carol's experience of being 'in a glass box'. Kitzinger (1992:66) quotes from Dalton (1980) to illustrate the way in which unhappiness after childbirth is either dismissed or trivialised unless it interferes with others, whereupon it is likely to be pathologised:

> . . the irritability is reflected on the husband . . . he finds that she has changed from the elated, vivacious person she was during pregnancy into the ever moaning bitch of today.

Also highlighted in my findings is just how unprepared a new mother feels in the face of her post-natal embodied experiences. This is attested to in Oakley's (1980) research which also identified the most dominant metaphor used by new mothers as 'shock'. Shock is defined by the OED as:

> a sudden or violent blow, impact or collision tending to overthrow or produce internal oscillation in a body subjected to it; A sudden and

> violent effect tending to impair the stability or permanence of something; A sudden and disturbing impression on the mind or feelings (p.181).

According to this definition, the experience of shock can be understood to be deeply embodied, a phenomenon that affects both mind *and* body in such a way as to shake a person's sense of ontological security. Indeed, Oakley found that one of the main dimensions of this shock during the transition to motherhood was a change in physical (bodily) state and concluded that post-natal bodies can never be viewed as ontologically mute. This was never elaborated upon in Oakley's writing, but is a central tenet of my own research here which both agrees with, and goes on to extend, her ideas about post-natal embodiment.

In summary, my findings on maternal embodiment mirror and concur with much of the current literature across philosophical, empirical and theoretical fields. In terms of the research literature, my findings add a phenomenological dimension to what is currently a field dominated by discursive interpretations of embodiment, attempting to showcase women's lived experiences of their bodies and thereby deepen current understanding of the more material dimensions of corporeality . Where my findings add to the extant literature is in the area of post-natal embodied experience specifically, which has so far remained overlooked or merely alluded to in previous research papers. In exploring the post-natal body in its unique specificity, the findings highlight the centrality of embodied experience to the creation of (maternal) identities and shines a light on the ontological dimensions of bodily change. There are therefore two main findings that are entirely novel and which stretch and challenge the current body of literature and place my research as unique: (i) the tentative uncovering of a link between the experience of being (in) a body in flux and the renegotiation of identity and (ii) the tenuous link between the embodied dimensions of identity and the experience of post-natal mood 'disorders'. Both these avenues take the literature in new directions and challenge prior understandings of the lived experience of motherhood.

I will explore the value of my findings further in the final section on the contribution of my research to this field.

6.7 Critical Evaluation

As previously outlined in the Methodology section (Chapter 4), the choice of a phenomenological methodology was an instinctive and requisite one given my orientation as a psychotherapist; it was also epistemologically consistent within the context of an Existential Counselling Psychologist training with its leanings away from more positivist modes of understanding. Regarding my intentions towards the research, there was no other methodology that would have suited my aims and objectives in the same way, nor allowed me the scope to explore the participants' lived experiences in the same way. In choosing hermeneutic phenomenology specifically, I was going after an opening up of possibilities, both for myself as a researcher and for the data as multiple sources of possible meanings. I considered any of the more descriptive methodologies to be too restrictive in this regard as I was attempting to explore meaning, rather than merely elicit and present rich descriptions. My endeavour being an interpretive one, a hermeneutic methodology was perfectly suited and afforded me the opportunity to involve my own understanding of the text in formulating new and novel understandings that would perhaps have otherwise remained hidden. Van Manen's (1990) approach was particularly suited in my efforts to evoke in the reader fresh perceptions of maternal embodied experience. It allowed me to play with, rework, manipulate, challenge, extend and crack open the language found in the textorium, whilst also enabling me to stay iteratively anchored within it.

Whilst writing up the literature and my findings it was difficult, if not impossible, to succumb to using terminology that perpetuates a dichotomised view of mind

and body. I am aware of my constant use of 'it' to signify the body. What is needed is a terminology that embraces and denotes an embodied subjectivity, a psychical corporeality; an account that refuses reductionism and refutes dualism. Also needed are conceptualisations that allow for gendered, biological specificities without implying inequality. Both men and women are embodied subjectivities, psychical corporealities. Both sexes have access to the intelligence of their (unique) bodies, which simultaneously allow them access to theoretical, philosophical and cultural reflection and production. If the body is the seat of all thought, all consciousness, all experience, all intelligence – then this is regardless of gender. Divisions, dualisms, hierarchies all dissolve when filtered through the concept of the body-mind. There is a multiple field of possible body types – all relevant, all 'right'. It follows therefore that there is room for all bodily specificities without the need for norms and ideals.

As such, the uniqueness and variability of maternal embodied experience and the sheer richness inherent in each of the six participants' narratives might perhaps have remained unearthed and obscured by any other research methodology which chases definitiveness, separates mind from body and limits and clips the creative and interpretive possibilities of poetic language. As Grosz (1989) argues, any research that stems from an understanding of the body as an object of the natural sciences necessarily ignores the specificity of bodies in their findings, the body reduced to an object like any other, devoid of wildly differing subjectivities.

As overviewed in Chapter 3, the literature is outweighed with purely discursive understandings of the body which, as Grosz (1989) asserts, are at odds with existential concepts of the body as active, both the site and the source for the 'will to power' (Nietzsche, 1968). As Butler (1990) herself concedes, the body exceeds any attempt to capture it in discourse; The body goes beyond, overtakes and outpaces any of the ways we have of conceptualising it (Lennon, 2014). Discursive accounts of embodiment are therefore only part of the picture. Materiality, the lived fleshiness of the body, its beating heart, its living,

breathing viscerality, its senses – taste, smell, sight, touch, hearing – its internal sensations of fullness, emptiness, pain and pleasure, its intuitions and tacit knowledges, perhaps make up the rest.

Evaluating my thesis from within the more mainstream, positivist research paradigms, my research may be criticised for its relatively small participant pool and the inability to extrapolate from the findings thematic generalisations across wider populations. However, within the context of phenomenological inquiry which seeks to add depth rather than predictive breadth, the sample size is, if anything, over and above what is considered viable. So much so that, in fact, each one of the participant's verbatim was individually subjected to an analysis as a stand-alone hermeneutic interpretation and each was so rich in material that incorporating all six narratives necessarily limited the richness and fecundity of the overall findings. In retrospect a more profound and meaningful analysis could have perhaps been elicited from reducing the sample size even further. Individual experiential accounts could therefore usefully be viewed as 'life enhancing fictions' (Bordo, 1993:230) that continually expand understandings of female (maternal) embodiment. Reducing the sample size and phenomenologically 'honing in' on the uniqueness of individual, specific experiences of embodiment could thereby release women from the consequences of impoverished concepts of their embodied being-in-the-world by smashing one-dimensional, fixed, homogenous understandings of maternity as a fait accompli (Lennon, 2014) and open up multiple possible ways of being for mothers, providing 'access to visions of utopian change' (Bordo, 1993:230).

My own 'subject position' (in social constructionist terms) as an 'insider' could be interpreted as both a strength and a limitation. In Gadamerian terms, being a mother myself involved both an openness and closedness regarding what I 'saw'. Given my explicitly hermeneutic approach, it was incumbent upon me to attempt to be aware of the overlap and differences between my own experience and that of my participants. As the researcher I needed to adopt a disciplined approach to reflexivity and being critically self-aware. The means by which I

sought to achieve this have been outlined in the methodology section (chapter 4) and I was rigorous in my attempt to offer transparency at all stages of the research process regarding my role and interpretations and I was committed throughout to safeguarding the credibility of my research and the findings emerging from my use of reflexivity.

Being a mother myself did, however, facilitate possibilities for a 'fusion of horizons' (Gadamer, [1975]1996) with each participant whose experiences, whilst singularly different to mine, were also in some senses shared. It is in this respect that van Manen's approach particularly enabled a melting and melding of unique and common experiences, pulling the researcher into the participant's lifeworld in a way which facilitated the alchemical process of co-creating new and original understandings.

The interview dialogues themselves played a central part in the collection of rich, meaningful, valuable data and my position, not only as a mother, but also as a psychotherapist, merits further critical interrogation. My particular interview style, which was more flowing and instinctive as opposed to structured and rote, was no doubt helpfully informed by my training as a professional who routinely listens to and contains often distressing material heavy with emotional resonance. I remain aware that some of the more negative, even traumatic tone evident in much of the data could perhaps have been a response to my interventions and the inevitable therapeutic orientation of the interview. On the other hand, the loosely structured nature and the therapeutic tone of the interview might be criticised for having created or teased out a negative bias in the data. However, I was mindful throughout the interviews of holding the balance between researcher and therapist, careful not to 'lead' the interview in any one direction, staying open to emerging material whilst also weaving in the relevant questions from my interview schedule. On balance, I believe that I managed the challenge of ensuring the dialogue stayed within the bounds of a research interview while being enriched by my therapeutic orientation.

In addressing the negative bias in the findings, it is also incumbent upon me to make explicit the deeply nuanced and highly subjective embodied experiences of mothers not perhaps captured in my analysis. The role of the interview schedules in eliciting strong, negative emotional material deserves a mention here inasmuch as my open, dialogical approach, coupled with my therapist sensitivity, necessarily invited breaking the silence on the darker elements of pregnancy, birth, breastfeeding and post-natal experience. The interview schedules emerged from immersion in the extant literature which alluded widely to dissatisfaction with body shape and size and disruptions to the experience of selfhood and were designed to investigate these avenues more fully. In sensitively responding to the particular responses of my participants and following their lead during the interview, the more ambivalent features of maternal experiences were not brought to the fore in a way that could have balanced the findings and presented motherhood as the experience of uncertainty, confusion and fluctuation. Indeed, any study of motherhood necessarily explores the inconclusiveness of the phenomenon and in no way do I present my findings as fixed, incontrovertible and unambiguous. I acknowledge that, in portraying the more negative experiences expressed by my participants, I am not presenting the definitive picture. In that respect I wish to further reiterate that I am in no way attempting to make general knowledge claims about the experience of embodied motherhood, but merely illuminating the emergent negative dimensions not always explored or expressed in the wider literature.

In analysing and writing up the research I remained faithful to van Manen's call to explore the taken-for-granted nature of language, to push the linguistic envelope further in an attempt to nudge the reader out of their natural reveries, tempt them to look again at this phenomenon and (re)interpret for themselves their own understanding of the text. I believe I have managed to evoke the lived experience through my languaging of the phenomenon. However, I am also aware that at times I might have been too definite in my attempt to evoke and,

staying close to the hermeneutic spirit, I could be criticised for neglecting to offer more ambiguity and tentativeness in the findings. As previously stated elsewhere, in offering layers of iterative interpretation, this tentativeness was necessarily and always implied in order to produce more fluid and readable prose. There is always more that could be said since another researcher (from their own interpretive position) would perhaps find something different and at no time was I offering anything other than my own understandings and interpretations of the data.

6.8 Validity

According to McLeod (1994) trustworthiness and validity in phenomenological research is premised on the following criteria:

Has the researcher:

- Offered a clear description of the research procedures;
- Contextualised the research;
- Demonstrated that the findings were not merely pre-held assumptions;
- Demonstrated researcher reflexivity;
- Demonstrated authenticity and richness of material;
- Demonstrated relevance to their particular field.

In an attempt to demonstrate the reliability and trustworthiness of my findings, I was committed to transparency in the following ways

- I offered a transparent description of how the research and the analysis were carried out.

- I attached as an appendix my interview schedule to give a flavour of the types of questions I wished to explore.
- I included an interview transcript to give a flavour of my interviewing style, the types of questions I asked and an introduction to the voice of the participant.
- I included each individual analysis in order to showcase the multiple initial thematic headings in the early stages of their development and also to demonstrate the emerging convergences and divergences across the six narratives.
- I provided a detailed description of how the general findings were developed and how the four final themes were settled upon.
- I included as an appendix all the initial themes, sub themes and sub-sub themes from which the four meta-themes emerged.
- I offered authentic interpretations of the data that were rich in meaning and in keeping with the hermeneutic-phenomenological method used.
- I laid out all the possible ways in which the research could make a contribution to the field of psychology and psychotherapy.
- I kept an on-going research journal in which I meticulously recorded and analysed my own perceptions and assumptions in relation to the work.
- I attached as appendices two tables of themes, the first showing the steps I took to reach the thematic headings for one of the Participant's analysis and the second a detailed lay-out of the distillation process whereby I came about the thematic heading *Loss of Corporeal Autonomy*.

6.9 Potential contributions to the field

In researching embodied experience we begin to understand that to live an integrated existence, one has to find a meaningful, liveable relationship with the body, to accept that we both *have* a body and *are* a body. To any practitioner working within the health care professions there is a practical resonance to this exploration. Both the field of medicine and the field of psychology have as their focus of interest the human being, who is, by definition, an *embodied* being. The findings of any research which seek to investigate and disseminate

information and knowledge about the relationship between our bodies and our psyches is therefore pertinent to both these fields. By understanding more fully the embodied nature of our being-in-the-world, the health care professional (midwife, obstetrician, nurse, psychologist or psychotherapist) can help to bring to reflective awareness the ways in which body experience has been disturbed, whether through illness, disability or childbirth and how meaningful, worthwhile, liveable relations between the physical and lived body can be renewed (van Manen, 2014). In this renewal of liveable relations arguably lies the grounds for a renegotiation of a more positive, coherent sense of selfhood forming the basis of a return to emotional and psychological health. Indeed, as the findings highlighted, without a liveable relation with the body, all aspects of existence are experienced as in flux or out of sync. A deeper understanding of this embodied relationship to self and world is therefore relevant to any professional whose interest it is to care for and support, whether medically or psychologically, those who are struggling following a major (embodied) life event such as childbirth. I feel therefore that research such as this is both intrinsic and invaluable to the field of psychology and psychotherapy, as well as obstetrics and midwifery, in that practitioners may be better equipped to understand and take into consideration the more existential-ontological dimensions of corporeal change and by extension be better equipped to facilitate a more positive transition to motherhood. For those, such as myself, working specifically within the field of post-natal counselling, any findings addressing the more embodied dimensions of post-natal existence are crucial to grasping a fuller understanding of new mothers' lived experiences, minimising any risk of trivialising, marginalising, dismissing or pathologising the reality of their fragile, novel lives enacted in fragile, novel bodies. And for mothers themselves, the findings may help to reconnect them with a disjointed and fragmented sense of self, to reassure and give voice to thoughts, feelings and sensations that are perhaps inaccessible, ineffable or confusing, to validate and acknowledge their embodied struggles, to normalise their experiences and position them as legitimate; to prompt them to look again at received versions of maternal bodies and renegotiate a more healing relationship with their embodied being-in-the-world. This is crucial to the (re)claiming of (female) (maternal) identity since entrenched, habitual, rigid,

polarising, perceptual body practices are limiting and damaging in the way that they (falsely) define 'selves' (Alcoff, 2005 in Lennon, 2014).

From a psychological perspective, an important contribution from the research lies in its tentative claim that any account of the body must pay sufficient attention to the subjective experiences of embodiment in constituting a sense of self. As previously suggested, a deeper understanding of embodiment, facilitated through phenomenological enquiry, has the potential to reconceptualise birthing bodies as sentient, dynamic, thoughtful and knowing as well as highly sensitive to external, environmental factors. As Walsh (2010:489) points out, the concept of the body-as-mobius strip, when applied to maternity, 'renders the event a co-operative, a merging of internal and external effort, attunement and sensibility in a way that collapses boundaries between body and mind or body and environment, mediates against any power imbalance and allows for the fluidity and multiplicity of women's experiences'. This concept of the body renders consciousness as a 'convenient fiction' (Grosz, 1989), an illusion. There is no inner self, separate from and superior to the body. There is no distinction between emotion and reason, flesh and philosophy. The implications of this for the field of psychology are therefore quite profound and call into question any notion of cognition as a governing body, determining both mood and behaviour. Instead it places the body and embodied experience at the very heart of psychology, the body becoming a crucial site of investigation in the quest for an understanding of what makes us 'tick'. By this understanding of the body, all psychological theories and psychotherapeutic techniques need to be re-evaluated to incorporate an understanding of the lived body as the seat of the self, the locus of all knowledges, the co-creator of 'mind'. Following Nietzsche (1968), to ignore the body in pursuit of knowledge, of mind, would be the 'will to ignorance' since any knowledge that sits outside of context, that claims objectivity, truth, validity and generalisability disavows emergence from particular bodies with particular passions and energies (Grosz, 1989).

In addressing the limitations of this research project, I suggest that it is also necessary to research how the bodily experiences of young mothers differ from those of older mothers, or those of ballet dancers or athletes or fashion models or performers or disabled or lesbian mothers – all groups of people who may possess unique and different qualities of lived embodied experience that is without the confines if this particular thesis. The voices of these women are at present almost absent in the literature, flooded as it is with the experiences of white, Western, middle-class, twenty- or thirty-something, married mothers. It is also necessary, as van Manen (2014) suggests, to research how the body is experienced in different contexts – under the predatory gaze, the lover's glance, the photographer's lens, or the physician's stare. All undoubtedly have widely differing experiences of maternity and, as such, all have the potential to enliven and dilate current understandings of female (maternal) embodiment.

Summary

This chapter provided a discussion of the five main findings: *Loss of corporeal autonomy, Becoming an Other, Bodily dis-ease: pain, dissociation and betrayal, Being-against-time: an unnatural bodily rhythm* and *Embodied attunement* which were explored in chapter 5. The findings were considered in relation to relevant existential-phenomenological and feminist theorising on the subject (chapter 2) and their relevance, both to current research and to the extant literature as a whole, were assessed (chapter 3). It also provided a discussion of the methodology used (chapter 4). The findings were then explored for their relevance to the field of existential counselling psychology and psychotherapy and the study critically evaluated before setting out tentative suggestions for further research emergent from this thesis.

CHAPTER 7

CONCLUSION

> What, then, is truth? A mobile army of metaphors. . . in short a sum of human relations which have been subjected to poetic and rhetorical intensification, translation and decoration [. . .]; metaphors which have become worn by frequent use and have lost all sensuous vigour.
>
> (Nietzsche, [1883]1961:219)

This study set out to explore, in a hermeneutic-phenomenological way, the post-natal embodied experiences of new mothers. The objective of the study was to interview, in a loosely structured way, six new mothers, all with babies between the ages of six and twelve months in order to obtain rich, descriptive material surrounding their experiences of pregnancy, childbirth and the post-natal period. The aim of the study was to provide an interpretive analysis of the verbatim transcripts of these new mothers in such a way that would bring their embodied

experiences to the fore, illuminate the corporeal dimensions of maternity and evoke in the reader a fresh understanding of what it is like to be in a body that has just given birth. Using van Manen's (1990) hermeneutic approach, four main themes were emergent from the transcripts: *Loss of corporeal autonomy, Becoming an Other, Bodily dis-ease: pain, dissociation and betrayal* and *Being-against-time: an unnatural bodily rhythm*. The findings were laid out and discussed within the context of existential-phenomenological, as well as feminist, theorising around (female) embodiment and with due consideration of the extant literature on pregnancy, birth and post-natal experience.

As stated in the introduction, the purpose of the study was never to draw conclusions or make statements of fact about the nature of post-natal embodied experience, but rather to enhance and perhaps deepen what is already known, tilting the lens slightly to afford a novel perspective on the more corporeal dimensions of motherhood. I suggested that the importance of researching this corporeal dimension with regard to maternity lay in the existential-phenomenological view of the body as inextricably linked to the mind, embodiment to psychology. I put forward the argument that in order to fully comprehend and make sense of our experiences it was vital to explore the body. I sought therefore, via the research, to give the mother's body a voice, which I discerned was missing in the existing psychological literature. As such, I set out to uncover something new and untapped into, something *felt* rather than thought and tentatively explore the language of embodiment. What emerged was an unveiling of the fleshy nature of identity, the interplay between bodies and selves and the capacity for maternity to both make and break (perceived) notions of selfhood. Uncovered were possibilities for becoming which were shaken and undermined by external bodily expectations and demands that overshadowed the transition to motherhood. What surfaced were undercurrents of shame and humiliation which were marbled throughout maternal experiences of corporeal disintegration, manipulation and violation and which threatened emotional and psychological integrity and a sense of ontological security.

As opposed to offering conclusions, the research findings pose some interesting questions about the positioning of mind over matter. If there is no distinction between mind and body, psychology and biology, natural science and human science, how do we then interpret the body within a medical or a psychological framework? And if there is no privileging of objectivity over subjectivity what does this mean for the field of obstetrics and midwifery and for the birthing woman herself? I wonder if this bringing of mind, of consciousness, home to its body, this reuniting of anima and corpus, enables a reconceptualization of embodiment that has the power to change approaches to health and social care practices especially within the field of psychology and psychotherapy where the body has gone missing.

This thesis represents an attempt to shift psychological focus away from abstract conceptualisations of psychological phenomena towards an embodied, lived, carnal, visceral, tacit understanding of what we conceptualise as 'mind'. The uniquely corporeal experience of maternity invites us in to explore the relationship between embodied-ness and selfhood, carnality and identity in important and largely overlooked ways. As pointed out in chapter three, the literature is almost devoid of phenomenological accounts of women's lived experiences of their pregnant, birthing, breastfeeding, post-natal bodies and the research is (arguably) impoverished as a result. An understanding of embodied being-in-the-world has the potential to redress the balance, to put the body back into the psychological literature and thereby enhance and expand what it means to be a human being in all our facticity and our specificity. This research has therefore set out, not to find answers, not to offer conclusions, not to claim new theoretical concepts, not to profess knowledge about 'reality', but to phenomenologically delve more deeply into six embodied accounts of maternal experiences in an attempt to bring to light the (psychological and emotional) richness of their relationships with their changing bodies and more, to bring to awareness the centrality of their bodies in the co-creation of (maternal) identities. That said, I acknowledge that the immediacy of the lived world can never be recaptured in its original form (van Manen, 2002) and the insights and interpretations offered here represent nothing more than a nudge to shift the

reader out of their own natural attitude, to invite them to engage with their own experiences and to find their own meaning in the spaces offered by mine in the interpretive writing of this text.

To sum up and illustrate my intentions towards this research, I quote the artist Edgar Degas who famously asserted that ‘art is not what you see, but what you make others see’. In attempting this, I found myself on a personal and professional journey of discovery which has afforded me many riches: moments of insight, intellectual leaps of understanding, expanding horizons of knowledge and a repositioning of myself, not only as a psychotherapist, but as a scientist-practitioner and as an aspiring academic. Unsurprisingly, perhaps, I realise that I have grown enormously as a post-natal counsellor and the findings in that regard have proven invaluable in my quest to understand what it means to be a mother. I am undoubtedly changed as a result of this phenomenological endeavour; I have shed a skin along the way; I kick it off with my heels as I write. The spark of interest in embodied experience that prompted this research has now been fully ignited by my journey through the literature and my engagement with the findings, as presented within the pages of this text. I remain fascinated by the lived experiences of Others, by the power and the beauty of human existence and by our fragile efforts to make sense of it. I conclude that, as van Manen says ‘the writing *is* the research’, for this has been my own experience and looking back, I can see that I was always, and only ever, standing on the shoulders of giants.

APPENDIX A

NSPC Ltd

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PARTICIPANT INFORMATION SHEET

‘A BODY-CHANGING EVENT? EXPLORING FIRST-TIME MOTHERS’ EMBODIED EXPERIENCES IN THE POSTNATAL PERIOD – A HERMENEUTIC-PHENOMENOLOGICAL STUDY (WITHIN A SMALL ISLAND COMMUNITY)’

Conducted by

Julie McCarthy

as a requirement for a Doctorate in Counselling Psychology

from

NSPC and Middlesex University

Date: October 2014

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?

This study is being carried out as part of a Doctorate in Existential Counselling Psychology and Psychotherapy with NSPC Ltd and Middlesex University. The aim of the study is to explore women's experiences during childbirth and in the postpartum period with a particular focus on the phenomenon of embodiment. I am interested in exploring how we experience our bodies after giving birth and any effects this might have on our wellbeing.

What will happen to me if I take part?

If you wish to participate you will initially provide me (the researcher) with your contact details. I will then contact you to arrange a mutually convenient time and location for an informal interview that will last approximately 60 minutes and not more than 90 minutes. Ideally the interview would take place sometime between six and nine months postpartum. Before the interview I will conduct a brief assessment with you by way of a short, strictly confidential, questionnaire to monitor and manage any risk in the event that you become distressed. Should this happen you will be free to stop the interview at any time. You will also be offered a list of agencies and services available to you should you wish to seek further help or support. During the interview, you will be invited to speak as openly as you feel comfortable to do and you will be asked to reflect on your childbirth and postnatal experiences. A tape recording of the interview will be

taken, and I will personally transcribe and anonymise the data myself. I will then use a qualitative research method to extract the main themes from what you tell me about your experiences. After the interview, you will have the opportunity to debrief during which I will re-explain the intentions of the study and what will happen to the results of the data. Participation in this study is entirely voluntary and you have the right to withdraw at any time.

What will you do with the information I provide?

I will be personally transcribing all the data which will then be anonymised and transferred onto an encrypted USB stick for storage purposes. The file will then be deleted from the tape recorder. All of the information that you provide me will be identified only by a project code and stored on the encrypted USB stick. I will keep the key that links your details with the project code separately and in a locked filing cabinet.

Excerpts from your data may be published verbatim in my final thesis but neither your name nor any identifying details will be used. You have the right to access any personal data collected about you by making a request to the address at the bottom of this form.

Your consent forms and anonymised transcript will be kept at least until 6 months after I graduate, and will be treated as confidential. If my research is published, I will make sure that neither your name nor other identifying details are used.

Data will be stored according to the Data Protection Act 1998 and the Freedom of Information Act 2000.

Although all material is treated with the utmost confidentiality, I must specify that there are certain situations in which I am legally required to break this confidentiality. Under the Children's Act 2004, I am obliged to report any information that associates you with risk. Under the Terrorism Act, 2000, I am obliged to report any information that associates you with terrorist activities.

Additionally, should I have reason to believe that you or another person is at risk, I will act in the interest of keeping both you and any other parties involved parties safe.

What are the possible disadvantages of taking part?

Talking about your childbirth and postpartum experiences may arouse some strong emotions and you may find it distressing to talk about this. I will endeavour throughout the interview to monitor how you are doing and, should you become distressed, I will offer you the chance to withdraw from the study. You are also invited to alert me to any distress you may be feeling at any time and the interview will be drawn to a close at your request.

What are the possible benefits of taking part?

Being interviewed about your experiences may have no direct benefits. However, you may find that reflecting on your experiences and having the opportunity to express how you feel may have some psychotherapeutic value. As a trainee counselling psychologist and psychotherapist, I will be able to listen sensitively to your experiences and respond responsibly and professionally to any distress you may be feeling.

Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign a consent form before the study begins. You will also be asked to consent to your Health Visitor or GP being contacted should any health concerns emerge during the interview.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

Who has reviewed the study?

All proposals for research using human participants are viewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee have approved this study.

Thank you for reading this information sheet.

If you have any further questions, you can contact me at:

Julie McCarthy

NSPC Ltd., 254-6 Belsize Road, London, NW6 4BT.

email: em621@live.mdx.ac.uk

If you have any concerns about the conduct of the study, you may contact my supervisor:

Dr Pam James

NSPC Ltd., 254-6 Belsize Road, London, NW6 4BT.

email: admin@nspc.org.uk Tel: 0207 624 0471

or

The Principal

NSPC Ltd., 254-6 Belsize Road, London, NW6 4BT.

email: admin@nspc.org.uk Tel: 0207 624 0471

APPENDIX B

NSPC Ltd.

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Written Informed Consent

Title of Study: A body-changing event? Exploring first-time mothers' experiences the postnatal period - a hermeneutic-phenomenological study within a small Island community

Academic Year: 2013/14

Researcher: Julie McCarthy

Supervisor: Pam James

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the participant information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur.

I also give my consent that my GP may be contacted by the researcher should any concerns arise about my emotional or psychological wellbeing at the screening stage or during the interview.

_____ _____

Participant Researcher

Date _____ Date: _____

To the participants: Data may be inspected by the Chair of the Psychology

Ethics Panel and the Chair of the School of Social Sciences Ethics Committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits:

APPENDIX C

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Screening Form

This screening form is being used by me (the researcher) in order to safeguard you in the event that you become distressed during our interview and to help me assess and manage the risk of this happening.

Please could you read through the following questions ticking any that you think may apply to you. If you would like to tell me more please do so in the space provided.

1. Since your baby was born have you been feeling ‘not your usual self’ (e.g. overly tearful, sad, anxious, withdrawn or generally not coping as well as you think you should)?

_____

_____

_____

_____

_____

2. Have you ever had any experience of Depression or been diagnosed with Depression?

_____

_____

_____

_____

_____

3. Have you ever been prescribed, or are you currently taking, anti-depressant medication?

_____

_____

_____

_____

_____

4. Have you ever been admitted to a Psychiatric hospital?

_____

_____

_____

_____

_____

5. Have you ever had any suicidal thoughts?

_____

_____

_____

_____

_____

All the information provided on this form is completely confidential and will only be viewed by the researcher

APPENDIX D

INTERVIEW SCHEDULES

The interviews will be loosely structured around themes that emerged from the literature review of embodied experiences during childbirth or in the post-natal period.

The interview will begin only after the participant has been briefed as to the nature and aim of the study and prepared as much as possible for what is expected of her. She will then be invited to tell her story of labour and childbirth in as much detail as she can remember.

The following guidelines or 'aides memoires' will serve to help me steer the participant towards deeper and more meaningful material pertinent to the theme of embodiment. It is hoped that answers will emerge organically from our dialogue and specific questions relevant to the following brainstorming exercise will be posed in a non-directive way and in no particular order.

Pregnancy

- How did she feel when she discovered she was pregnant. What did it mean for her to become a mother
- How did she imagine her body would change during pregnancy and how did she imagine this would affect her
- Explore emotional reactions to bodily changes

- Explore body image in relation to: diet/clothes. Expectations and beliefs about body weight.
- How did pregnancy change her relationship to ‘space’? how did she experience taking up space in public? How did she think the ‘public’ saw her
- What were her perceived social expectations of pregnant women?
- What are her feelings about magazine images and articles of pregnant celebrities?
- How did she feel health professionals treated her with regard to her body or eating?

Childbirth

Explore her childbirth experience in every detail, including cognitive, emotional, physical, intra-psychic and inter-relational aspects and anything that alludes to an experience of being a ‘body-mind’. What was meaningful. What was her relationship to her body. Her perceptions of how she/her body was perceived during labour and in the delivery room. How she managed pain. Was the birth what she wanted/expected. If not, how does she reconcile this. What does she feel her birth story says about her. Who is she as a result. Explore the experience at the minute of birth, especially embodied aspects.

Post-natal

- How has her body changed since the birth? How has this affected her?
- Experience of post-natal shape – an in-between body? An expected body? A changed body?
- If she breastfed, what was her experience of this? Sensations, emotions , physical comfort/discomfort. Experience of feeding in public? In front of family members? Changed relationship with her body?
- How is her body encountered in the context you her family and other relationships and within society (the inter-subjective and social realms of her life)
- How do socially constructed notions of motherhood impact on how she experiences, inhabits, displays, feels about her body
- Has she noticed any changes to bodily practices: diet, exercise, sleep; how she walks, sits, stands, lies in bed, turns over; drinking and smoking; going out
- How does she feel she is perceived by the public as a new mum; what is she ‘supposed’ to do/feel/look like
- How does she feel she matches these? How does she feel in relation to herself with regard to these public perceptions

- Were there any changes in her experiences of herself as a sexual being or to her sense of femininity, attractiveness, sexiness
- Has she experienced any changes since becoming a mother: occupational, financial, social or personal identity
- What have been the implications of becoming a mother on her health and wellbeing (stress/exhaustion/pain etc.)
- Has she experienced any sense of de-intellectualisation or decline in her wider personal capacities (self-esteem) or personal development; explore her social and psychological adjustment (status/identity)/changes in values (beliefs/assumptions)
- Explore her ideas about the mothering role (maternal instinct/sacrifice); what does it mean to be a 'good' mother; feelings of ambivalence
- What is her understanding of the role of hormones? Are we governed/defined by our biology
- Themes of the body as 'inscribed upon' by public; how the mother inhabits/takes up space in public
- Themes of 'performing' femininity/pregnancy/breastfeeding as performance
- How her body is affecting the inter-subjective and social realms of her life
- Listen for how socially constructed notions of motherhood are impacting on her experience: how she inhabits/displays/feels about her post-natal body
- Engage her in exploring her feelings about her post-natal body in relation to the dominant 'slender ideal' of womanhood and femininity.
- how does she feel about dominant concepts of post-natal bodies as displayed in the media

APPENDIX E

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DEBRIEFING SHEET

Researcher:

Julie McCarthy

Tel: 0207 6240471

email: em621@live.mdx.ac.uk

Supervisor:

Dr Pam James

Tel: 0207 6240471

email: nspcdawn@gmail.com

RESEARCH TITLE:

A body-changing event? Exploring first-time mothers' embodied experiences in the post-natal period: a hermeneutic-phenomenological study within a small Island community

---

Thank you for taking the time to participate in this research project and for making a valuable contribution to our knowledge about women's experiences during childbirth and in the post-partum period.

This research was designed to explore the phenomenon of embodiment in relation to childbirth experience and to how we experience our post-pregnancy bodies in the months that follow.

I hope you have understood the overall aim and purpose of this study and enjoyed your participation in it. Should you be left with any areas of doubt or confusion as to your participation or have any queries regarding the research, please feel free to contact me (tel: 0207 6240471 email: em621@live.mdx.ac.uk).

Should you wish to explore any issues that have arisen for you as a result of participation in this research, your GP or Health Visitor can make a referral for you to The Psychological Assessment and Therapy Service, Admin 3, Overdale Hospital, Westmount Road, St. Helier, JE2 3JS.

APPENDIX F

CAROL

This pilot interview was conducted with Carol, a 33 year old married mother of a 10 month old baby The analysis of her interview identified six themes: (i**) I didn't expect it to be like this**; (ii**) it takes a lot longer than you think**; (iii*)* **different body, different self**; (iv**) you have to erase the fact you've had a baby**; (v**) breastfeeding (or not) is central to post-natal embodied experience**; and (vi**) a good mum always keeps it together**. The themes highlight the complex nature of post-natal embodied experience and will be discussed in turn.

(i) I didn't expect it to be like this

Foremost in Carol's experiences of becoming a new mother was the emotional impact of encountering her body for the first time after the birth of her baby. Overshadowing all the positive experiences of pregnancy and birth was a profound sensation of bodily dis-ease, an implicit knowing that something had gone wrong, that something had changed. She felt disempowered by her own unknowing, unpreparedness and feelings of not being in control. She struggled to comprehend the new bodily sensations she was living with, all the time questioning her own bodily perceptions and tacit knowing:

Carol: … but I also got haemorrhoids as well but the nurses didn't tell me I had haemorrhoids so I was like "what's really wrong here?"… and they were like, "your stitches are fine, your stitches are fine" and then I just sort of dared to, you know, have a feel down there, and I asked "have I got haemorrhoids?" and they said YE-ES and I'm like "that explains everything over the past three days!"'

For Carol there was an overarching sense of shock, but also naivety at her unpreparedness for her post-birth body. Until that point she had felt in control of her body and prepared for the changes pregnancy and birth would effect upon it. Guided by the received wisdom of self-help books and confident that her body was changing shape in the expected way, she navigated her way successfully towards journey's end: childbirth. Only afterwards did she realise that the journey had not in fact ended, but that she had entered new and unfamiliar fleshy territory. Her body no longer conformed to the shape of pregnancy, nor to the shape of 'Carol', and she realised she had no idea how, or who, to *be* in this one.

Carol: The thing for me was afterwards. I was expecting the before, and I had spent the whole nine months reading up about the actual birth but it was the afterwards that knocked me cause I expected to find everything to kind of get better quite quickly.

She experienced horror and disgust at the sight and feel of her body, the way it wobbled and sagged. There was a sense of disbelief that this could happen, that she didn't *know* this could happen, that no-one told her this could happen. She hadn't felt instrumental in the shaping of this, her body; someone else had done this to her. Her body had descended upon her like an unexpected, unannounced and unwelcome guest that she now had to get to know.

Carol: I kind of knew I had some weight to loose but I didn't expect everything to be so SAGGY, cause I really did feel like a deflated balloon….The logic part of me is going "I know this is going to take time to get back", but at the time I'm like "Oh my God!! Someone's deflated me!"

The shock at finding herself in this unexpected body speaks to a deeper, ontological concern about who she is in the world and how this identity is tied up specifically with her possessing a particular type of body, one that, for her, no longer exists:

> **Carol**: I used to belly dance before, and people are saying to me 'are you still going to do it again?' and there is no way that I am showing my body off to any one any more.

Carol's experience of her embodied being-in-the-world has changed. She exists in a kind of parallel universe, hidden from the familiar world, from the public gaze, a universe where she feels she must protect herself from the look of the other lest it ridicule or condemn her. Previously her body had been a vehicle of joy and movement, an opportunity to show herself to the world with confidence and pride. Her body is no longer something to enjoy and display, no longer *intentional,* reaching out into the world; she no longer experiences herself as a being-for-others and cuts her body off from the world believing herself, her body, to be somehow diminished, reduced, less.

(ii) It takes a lot longer than you think

Temporality is an existential theme that plays out across Carol's narrative. She is impatient and frustrated by time; time is in some ways her enemy. Her body's relationship with time is a nuisance, impeding her desired return to a familiar, liked body. Time serves to highlight how her body has failed to make certain culturally assumed milestones and reminds her that, (according to the prevailing discourse on post-natal physical appearance) she has failed at being a contemporary woman.

> **Carol**: … it's taken so long for me to start losing weight…part of me, the logic part of me, is going 'I know this is going to take time to get back'…

There is a sense that the *post-natal body is an unpredictable body* as well as *a time-governed body*. There is an over-arching experience of having to wait and see what the outcome will be, of having to manage the not knowing how the body will adapt, change, turn out over time.

She feels pressured by other peoples' demands on her body and by a social expectation to achieve pre-set goals in terms of her body's appearance and performance. There is underlying anger and resentment at having to conform to a prevailing norm, a socially sanctioned and acceptable template of post-natal bodilyness that she fears her body is unable to pull off.

> **Carol:** People say, or my friends said 'oh yeah, it'll take time… you've had nine months making this baby – give yourself at least nine months to get back to it' … and doctors are like 'after six weeks you can start doing your exercises and start getting back to fitness'.

She feels a pressure to conform to the 'six week cut-off', for her body to be ready to start springing into shape, to feel physically well and primed for a work-out, but her reality is that 'at six weeks you think "I can't do that!'. The message she receives is that your body is only allowed to be below par for six weeks, that this is the 'norm' and that because this didn't apply to her, her body has in some way failed to comply:

> **Carol***:* They're saying your body is ready to start getting back after your six week check, that's like, the line. Before that you can be as poorly and as whatever as you want – after that you gotta start getting on with it.

Carol is frustrated with her body and angry at others for judging her. She has been used to having a strong, slender, athletic body, one that both men and women admired and the bodily changes lead her to re-evaluate herself:

> **Carol***:* I was annoyed because everyone was saying I *should* be ready, I everything *should* start to go back to normal NOW and it wasn't

until Elena was about 6 months old that everything started to really get back… like I started to lose weight and everything started to go back to normal.

There is no space for Carol to encounter motherhood in her own way, for her body to adapt according to its own natural rhythm, without fear of judgement. Received wisdom about how her body *should* react to pregnancy and birth rendered her feeling inadequate, abnormal and lacking in some way, at the fringes of a culturally invoked bell-shaped curve. Internalising this bodily deviance, SHE also feels deviant and wears her body like a blanket of shame, its sagginess, the hanging, publicising to the world that she didn't get it right.

(iii) Different body, different self

As Carol's body no longer conformed to its previous (known) shape and since it no longer felt the same, moved in the same way or inhabited space in the same way, she began to feel that *the post-natal body is an unrecognisable body, an alien body and a distressing body.* There had occurred for her a seismic shift, and with this a giddying sensation of lost-ness and alienation. She felt like a spook in her own skin, captain of a ship that was sinking. There was a sense of disconnect from her body that undermined her ability to recognise herself. Only when her body started to assume the shape she identified with 'Carol', did she start to re-encounter herself again. She experienced in that moment a sense of belonging, as if recognising the face of a loved one in a crowd.

Carol: I stopped looking at myself and thinking "Oh I hate myself" and started looking at myself and going 'hello!'

In this moment there was a reconnection to a familiar self which was only accessible through a familiar body. Until then there had been a sense of dis-connect from her body that had impacted on her identity and caused her untold distress:

Researcher*:* how was it to reconcile yourself to this different body?

Carol*:* different person, yeah, yeah

Researcher*:* different person?

Carol*:* Yeah, she's 10 months old now and still part of me still isn't fully 'with it' yet.

The loss of the old, familiar body is emotionally overwhelming for Carol. She feels she has lost, not only body confidence, but confidence in herself as a woman and as a mother. Transparent in her narrative is the traumatising effect of experiencing a mind/body split, the feeling of not being coherent, complete, at home. She alludes to an experience of physical distance from a body that is still intrinsically her, but not her; a disconnect from the body/person she *was* and the body/person she is *now.* There is a sense that she is having to tolerate the look and feel of this never-before-experienced body and, like a ghost in a machine, conduct a watchful waiting for the return of the familiar body, the one she belongs to, the one that has been lost to a bodily process that seems to exist independently of her.

Carol*:* … more and more now I look in the mirror and it's like I can see myself again. Before that, in the beginning [breaking down] I would look at myself and [unable to continue]

Researcher*:* There is a sense that you had lost…

Carol*:* me

Researcher*:* You'd lost 'me'?

Carol*:* [taking a deep breath] yeah

For Carol having to inhabit an unfamiliar body and live in it, navigate the social world through it, whilst simultaneously feeling ontologically lost to herself gave rise to feelings of such deep distress that she began to fear she wasn't coping:

Carol: I was lost. It was like I had, I kept occasionally revisiting my body in a kind of looking in the mirror and [sucking in her breath], yeah, I

can't deal with that yet . . . The physical side of myself, I couldn't bear to look at it.

Carol struggled to reconcile herself not only to her physical appearance, but to what this appearance implied about her as a mother. Behind the worry that she was unable to control and be responsible for her own body, lay a deeper and more troubling concern that she was therefore not capable of looking after someone else's body – her baby's.

Carol: Sometimes I will try on a new pair of jeans and you look in the mirror in those changing rooms, which are always awful, and … it hits you that you're right back to square one and then I walk out and I feel awful as a person. How can I have the confidence to be confident as a mother?

Having to navigate the transition to motherhood in an altogether altered body seems to have been a deeply distressing experience. As the body becomes a kind of subjective object, mine but not mine, functioning but not as I know it, an unfamiliar vehicle in which to navigate a new and foreign landscape, there is an ontological quality to the experience:

Carol*:* I do feel I disappeared for a while.

Much of Carol's self-confidence was bound up in her feelings about her physical body-self: how she moved, how she wore her clothes, how she appeared to others, her sexiness, her ability to belly-dance. This way of displaying her body, of 'showing off' her body, of securing admiration from others, of enjoying how her body felt and looked and identifying with the ease with which it moved for her made her feel good about herself, made her feel strong, capable, desirable. Her body was her display of femininity, of womanhood. She was used to being admired, applauded for her beauty and bodily skill. She feels she has lost this special place in the world. Without that particular body she is ordinary, powerless, no longer different. Her sense of herself as a woman has had to change and she has had to learn to be in a body that sags and flops and hangs, that no longer moves through space in the same way, is no longer under her

control in the same way. She imagines her body will invoke disgust or derision in those who used to be her admirers. She fears their response and so covers herself up in shame. She can no longer display *this* body*. This* body has betrayed her and robbed her of her status*. This* body has shattered her self-belief. All she can do is endure it, until, she hopes, the old one returns and she can be fully herself again. Until then, the waiting is agony, inhabiting this ill-fitting body every day is difficult to bear. Her embodied sense of being is one of feeling homeless.

After six months she notices the weight is coming off, her body is 'going back' and she 'sees' herself again. So traumatised has she been by this shift in identity that she claims she will never have another child:

> **Carol**: I couldn't go through that again.

(iv) You have to erase the fact you've had a baby

There was ambiguity about how Carol thought her post-natal body 'ought' to look. In hindsight she is resentful of the media images that fuelled her (she now feels erroneous) beliefs about what would happen to her body after the birth. She realises that she had been sucked in, lulled into a false expectation of a quick recovery and a speedy return to her former shape and size. She is annoyed at her own naivety at having fallen for it and sees this as being instrumental in her unpreparedness and shock .

> **Carol**: It's actually unfair. It's unfair because it gives you the wrong view of what's going to happen.

Inherent in losing your post-natal appearance, of the body being 'back' to 'normal', of looking as if you have never had a baby, is the illusion of being in control, of coping:

> **Carol**: I think it's the yummy mummy, you know? It's the – after six weeks you start getting better, you breast feed so the weight falls

off you and then you put on your make-up and dress your baby up beautifully and go walking out in the sun … and the reality is you're sitting there in the middle of the night covered in diarrhoea wondering, should I have a shower now or do you just wipe it off and go to bed?

There are cultural messages, not just about how new mothers should look, but also how they should behave. Grappling with the paradox of how, on the one hand, she feels her body ought to have behaved and how it ought to look, and, on the other hand, how her own bodily experiences have informed her understanding of the phenomenon, she begins to find her own voice, to challenge the dominant rhetoric that previously directed and consumed her. She dares to turn to herself for answers, advice, consolation. There is a sense that perhaps she has begun to realise that her suffering and self-questioning were unnecessary, that all that needed to be done was to believe in the wisdom of her own body.

Carol*:* … I kind of feel like it shouldn't go back to how it was before because I had a bloody baby! You know, life leaves knocks and it shouldn't be erased.

Even though she questions the dominant discourse, she finds herself having to constantly reinforce her own stance, to reassure herself that it is ok for her body to look like it has carried and given birth to a child, that it is OK to be physically altered by what is essentially a physical experience:

Carol: Sometimes I have to tell myself that: they're not my stretch marks, they're my tiger stripes, you know. I have to boost it again. Because sometimes you look at it and you go – I was once 20 and wiggling down the isles, and now I wobble down the isles…

There is an underlying fear of being judged by society as having let yourself go, that there is shame in that, that it is your responsibility to control and take charge of your body. Carol's deep fear is that her character will be judged according to her body shape and size, that society's pronouncement 'you've got

fat, love!' denotes sentiments of pity, contempt, denigration and lack of respect for her as a person.

> **Carol**: They're telling you that you shouldn't have a mark on you. They're telling you that you should spring back and they say that they think a mum is being selfish if she doesn't do her exercises and get her body back to what it was before because it's perfectly capable of doing it.

'Letting yourself go' implies a lack of will or poor character. It implies that you don't care or you aren't coping; that you are lazy, undisciplined, and that you are now diminished, reduced in some way. It implies you are no longer in control of your body, and by extension your self and your life. The body is perceived as being under the woman's conscious control, beyond the dictates of biology, as if she can will herself into shape, as if pregnancy, birth and breastfeeding have no impact on the body's shape, size and function. Whilst diet and exercise may play a role in how the post-natal body looks and behaves, much of the physical changes are genetically programmed, hormonally induced biological givens, outside of the woman's control.

(v) A good mum always keeps it together

Carol's experience of herself as a 'tough cookie' lead her to feel that she should endeavour to portray this image to others, regardless of the changes she felt were happening internally. Shear physical exhaustion and sleep deprivation along with feelings of disconnect with her body started to erode her ability to be robust, competent, 'in charge'. She found herself traversing an increasingly negative emotional landscape with nowhere to 'put' her despair, anger, regret, resentment and loss. She was worried at times at her negative feelings towards her baby:

> **Carol**: Sometimes I would look at her and I would think 'I am ruined' and then I'd think 'don't be daft!'

To even contemplate blaming your child is taboo, but clearly for Carol there were moments of regret, of questioning was it worth it? Moments of silently and secretly contemplating the losses. To admit this to herself, much less to the world, feels like a risk. She is unsure what to do with her darker, more powerful, negative emotions which have flagged up concerns in her about her state of mind, her ability to cope and her vulnerability in the face of her worst fear: post-natal depression.

> **Carol**: … I felt it was very much a, you know, if you show any sign of weakness people start watching you for signs of it. And you even start thinking that in yourself, like, AM I struggling to cope? DO I have it?

Hiding her 'weaknesses' from others, containing her concerns about her ability to manage and about having 'it' , trying desperately not to express her fears or show any signs, under pressure to keep it all in, was experienced by Carol as a kind of physical tension:

> **Carol:** And so, like physically you feel really tightly wound. It's like, I cannot show any sign, I cannot show any sign and then you'll go away and you'll have a moment to yourself and you'll be like [makes wailing noises] Oh My God! And then you wrap it all back up again.

There is nowhere for Carol to put her anxieties and she is driven by an internal narrative that prompts her to put on a public display of togetherness, careful to conceal any cracks, monitoring and scrutinising every word, every performance. Behind this pantomime is a silent desperation, a voice screaming into an external abyss. The echo that reverberates back tells her she is on her own in this; that she cannot trust anyone with her own reality. There is no help or support out there, only condemnation, rejection and the label 'post-natal depression'. Carrying around this bundle of self-doubt is exhausting. Only when no-one is looking can it be put down for a moment, but the effort required to keep her reality from oozing through the cracks leads her to experience a further dis-connect:

Carol: … I did start to wonder if I did have post-natal depression because I remember feeling like I was so exhausted and I felt like I was in a glass box and the world was happening outside the glass box. And there were emotions there … , but all those emotions were outside the glass box and I was in the glass box.

Carol experienced a 'complete separation', an emotional split that mirrored her feelings of dis-embodiment. She felt lost to herself, an experience that was made more frightening by what she felt were social pressures to be a good mum which translated as:

Carol: A good mum does it all. A good mum is always together.

For Carol, there is no place to show vulnerability or to ask for help or advice. There is a chasm between how mothers appear in public and what they feel in private and this is driven by fear of being labelled a bad mother:

Carol: You're either coping or you've lost it , and that's it, there's no in-between.

Carol*:* Because you've got this general view, a societal view, I think, of mums coping.

This 'general' view is erroneous – Carol's personal experience is that her reality is different from the prevailing rhetoric of the 'contented, coping mum'. She wishes society was more tolerant of mothers' *real* experiences and allowed them the freedom to express their vulnerabilities and insecurities:

Carol: Sometimes you need to fall apart for five minutes, just to put yourself together and keep going.

There is a markedly physical dimension to the notion of 'falling apart' and 'putting yourself together' for Carol. For her the 'not coping' is an inherent symptom of a deep, physical exhaustion brought on by the physical rigours of caring for a new-born baby, the emotional, mental and physical realms of existence all intertwined and mutually co-contingent.

(vi) Breastfeeding (or not) is central to post-natal embodied experience

Tied up with Carol's feelings towards her post-natal body were her feelings about her 'failed' attempts at breastfeeding and her dogged determination to 'give her my milk' by expressing to the point of physical exhaustion. It was clear that, for Carol, breastfeeding was synonymous with being a 'good' mother and she struggled to make sense of herself, of her body, as a mother who wasn't able to breastfeed her baby. She had expected to be able to do so effortlessly and her struggles gave rise to questioning her self-concept of being strong, capable, a 'tough cookie'. Her inability to breastfeed was, she believed, the cause of her inability to lose weight and there was frustration and disappointment at an outcome she hadn't prepared herself for:

> **Carol**: I expected to, but in the end I couldn't breastfeed which meant that the weight that I put on, stayed on.

After a 'perfect' birth, where Carol felt in control and managed without any pain relief, her sense of self was intact. She felt competent, knowledgeable and in control. Struggles with breastfeeding undermined all that and instigated a changed relationship with her body:

> **Carol**: You get lost in this haze, you know, and especially at the beginning, because I couldn't breastfeed as well, so you really get a sense of failure with that.

For Carol this sense of failure was bound up with shame as her 'faulty' body-parts wouldn't 'work'. Compounding this were profound feelings of humiliation and shame as she discovers her milk supply is drying up and the midwives 'threaten' her with formula. Her body has let her down preventing her from being the mother she wanted to be, the mother she assumed she would be. Her body has betrayed her as incompetent at what she believes is the essential, defining job of motherhood - feeding your baby:

Carol: Occasionally, I would still leak, and then it would be like, I can make enough to be embarrassing, but I can't make enough to feed my baby!

Not understanding why, she begins to experience her body as separate from her, split off, as if caught up in a stand-off between the accuser and the accused:

Carol: I hated myself for it, really strangely, I would sit there and like [looking down at her breasts], *almost as if they were the enemy*, you know?

Her breasts had changed in shape and size and no longer felt her own.

Carol: … they were leaking, they were saggy, I'd gone from a size B to I'm now a size D … when I'd take my bra off they'd go [makes a raspberry noise].

These changed breasts were experienced as embarrassing breasts, failed breasts, useless breasts and this fuelled Carol's experience of her body as alien. Her social position as a non breast-feeding mother further damaged her sense of competency and self-confidence. The dominant 'breast is best' discourse served to undermine Carol's belief in herself as a 'good' mother and this ultimately affected her health as she battled to express milk for her baby around the clock. Desperate to give up, to give her baby formula milk, she nevertheless felt unable to allow herself to make this decision. She was trapped in a socially sanctioned paradigm that she felt powerless to challenge. Giving up breastfeeding was not her decision ultimately, since that would require choosing to be a 'bad' mum, to put herself first. Only society itself had the power to let her off the hook, to sanction her behaviour, to enable her to feel she had done enough and to guarantee her position as a 'good' mum.

Carol: You want permission to give up. You want permission to stop.

Here again temporality is an ever present feature as Carol strives to reach the dominant 'holy grail' of breastfeeding for 6 months. She manages only one

month and so believes that her body has failed, that *she* has failed. The project of early motherhood is so inextricably linked with the embodied practice of breastfeeding that it determined her experience of herself as a mother. The cultural discourse 'breast is best' is so dominant, the goodness and rightness of the image of mother and baby breastfeeding so ingrained, that failure to successfully embody this practice changed her relationship with her body in an negative way and undermined her confidence in her ability to be a 'good' mother. Carol's journey from 'tough cookie' to feeling she was in a glass box started and ended with her determination that her baby should be given only *her* milk.

The main findings of this pilot study, which set out to explore post-natal embodied experience were tied up and clustered into six main, or meta themes that encompass and illustrate the disorienting effects of renegotiating a body that has –albeit possibly temporarily – been altered by pregnancy and childbirth. What stands out is the shock and feelings of unpreparedness or naivety in the face of dealing with such unforeseen changes. What also stands out is the helplessness and, to some extent, despair a woman can experience when feeling at the mercy of time in getting her familiar body 'back'. The centrality of this physical recovery is intrinsic to the (re)establishment of deeper, more ontological notions of selfhood, identity and ways of being-in-the-world. Feelings of shame in response to the expectations of a media-influenced society demanding slenderness, even sexiness from its new mothers are played out across the text. The findings also highlight the ways in which establishment of a breastfeeding relationship with your baby can influence how a woman feels, not only about her body, but about herself as a mother, as a woman and as a being-in-the world. Feelings of failure, self-doubt and self-loathing can dominate a woman's transition to motherhood set against the socio-cultural backdrop of 'breast is best'. At worst, a new mother can feel rejected, isolated and fearing for her mental and emotional health. Feelings of disconnect from her body can be mirrored in feelings of disconnect from her sense of self, with ensuing fears of the dreaded 'post-natal depression'.

APPENDIX G

AMANDA

It's all down to luck

Birth satisfaction is mediated by expectations of what a 'good' birth *should* be. This isn't taken-for-granted. The birth experience is up for grabs. In labour anything can happen and there is an underlying concern regarding control of ones' own body, both in terms of what it is capable of and what is *done* to 'it'. Birth for all first-time mothers represents the unknown. A woman can only fantasise, day-dream, imagine, make 'loose plans', but can never really predict or control the unfolding of events or the outcome. Having a 'good' birth, a desired birth, is therefore conceptualised as being beyond a woman's conscious control. There is an awareness of the many factors that are involved in producing a live baby. To embark on the journey of birth is to hand yourself over to the unknown, to outside forces that will determine your fate. This speaks volumes for a woman's sense of agency in the birthing process and the vulnerability inherent in surrendering your body to an unpredictable and unknowable corporeal event that is perforce 'managed' by others:

Amanda: … in terms of the actual birth experience I felt that I was very lucky – I had a plan of sorts, it was a very loose plan, I was quite, how do I put it? I didn't want to be too focused on what the birth would look like but I had ideas about what it *should* look like and broadly speaking it was a birth that I would have wanted and hoped for.

Amanda feels her birth experience is down to luck. To be lucky implies that the person involved has been favoured by chance and that the success has not been the result of merit (Websters Dictionary). It suggests an unanticipated absence of all handicaps and mischances, or even the intervention of a higher power. Luck has to do with chance, rather than design. To be lucky is to be fortuitous, fortunate, propitious, serendipidous, providential, successful. According to the OED 'luck' relies on events that are beyond control and seem subject to chance. The opposite of lucky is unfortunate, ill-fated, cursed,

doomed, hapless, pitiful. To be unlucky is to be unsuccessful despite your best efforts – there is no hint that a person has contributed to their own misfortune through incompetence or weakness. There is therefore no moral judgement accorded with, for instance, experiencing a 'bad' birth since a positive birth experience is allied to having been able to retain control of your own body and of the birthing process. It is precisely this stripping away of perceptions of bodily control that is intrinsic to the experience of an unsatisfactory birth experience:

Amanda: So I've had the birth I wanted and so here's the [laughing] here's the proverbial slap in the face of, I guess, being hospitalised and not having that control. And that probalby stems from feeling that I was lucky. There's a background fear that the control is going to be taken away from you I think when you're pregnant and about to give birth.

Researcher: Uh-hum

Amanda: So, I shouldn't feel that I was lucky, but I did.

Researcher: Because you knew how it could have gone if ….

Amanda: Yeah. And so almost, really what should be the default is women should have birth where they should have as much control as possible, I was coming from the standpoint where that's a goal.

Researcher: the cherry on the cake?

Amanda: Yeah, it's a luxury! And it's not a luxury and it shouldn't be a luxury and I think I felt quite lucky, erm, so quite irrationally I felt that, well I'd had a lovely birth and here's the payoff.

There's a sense that bodily control within a hospital environment is a game that Amanda lost in the end. Just when she thought it was safe to celebrate her 'victory', to congratulate herself for having kept her body to herself, she realises that maternity is a game of two halves, and that complications with her left breast as a result of breastfeeding saw her back on the maternity ward, reluctantly trading in her corporeal agency for medical treatment. They got her in the end. The negative experience Amanda has of having her breast abcess

treated in hospital is contrasted with her positive birth experience, the lowest common denominator being issues of bodily control and personal agency. The consequences to her self-esteem following both experiences are marked and dramatic. During birth, feelings of agency and self-control are linked to issues of trust in the midwife attending her:

Amanda: … and I remember what surpirsed me, I remember the midwife commenting on it, it was, I put my trust in her – she was leading a lot of the process in terms of "okay, do you want to start? Do you want some gas and air now? Do you want to get in the pool?" I wasn't directing it, but not in a passive way, it was just that I felt quite safe with her.

Amanda had the feeling of the midwife being alongside her, attuned to her needs. She felt she could let go of the reigns and dwell contentedly in her body, completely at peace, completely safe, happy to be guided. This lack of concern for bodily vigilence freed her up to trust the process, to feel in safe hands without any loss of agency:

Amanda: … I wasn't really conscious of time, I was relaxed and completely trusted who I was with and didn't have any intervention that I didn't want.

Being with the body

For Amanda, labour was experienced as a psychological, as well as a physical feat of endurance, a phenomenon that required both body and mind to work together as a team. It is not just a body that births the baby, but the whole person. The long process of particularly a first labour requires mental acuity and physical strength which can be harnessed by the use of mindfulness techniques similar to those used by athletes when they talk of being 'in the zone'. There is an attitude of acceptance of bodily sensations as experienced in the moment and a letting go of investment in any outcome. Inherent in this is an absence of fear or panic, of being at one with the body, always in control. This dwelling in the pain, not fighting it or questioning it, of experiencing herself as a 'body-mind'

gave her the sensation of safety and security that carried her to the 'pushing' stage:

Amanda: I think I compared it, I've run a marathon in the past, and I compared it to that where there is a lot of repetition in labour to a point and the progress isn't necessarily obvious, but you are getting there and then I guess the last lap or the final push is where you become more aware of all your sensations or how you are feeling and you're stripped back, whereas when you are in the midst of it, whether it's your hormones or, I don't know, you feel quite protected.

Amanda had practiced hypno-birthing throughout her pregnancy and had for many years practiced yoga and meditation which she believes enabled her to have the birth experience she had hoped for:

Amanda: … I think that definitely helped. I think giving you that focus, I felt very, very focused.

Researcher: What were you focused on?

Amanda: I think the best way of describing it was just being in that moment and with the contraction and just riding that out and not really thinking when's this going to stop. I guess not fighting against it and not thinking, I don't know…

It is difficult for Amanda to find the right words to convey her experiences during labour, her sensation of being 'with' the body rather than outside of it. She is not an observer of the physical process of labour, not detached in any way, but rather very much a part of the body's internal physical processes, at one with the changing physical sensations, comforted in a way by the repetitive rhythm of the contractions that carry her and protect her. There is no requirement to make sense of, analyse or logically explain the process, rather she experiences an absence of thought and a deep sensory communion with bodily, as opposed to mental, processes. She feels it is precisely this thinking through the body that allows her to focus purely on the moment-by-moment lived bodily experiences:

Amanda: And particularly the meditation that I've done. Of being focused on your breath and aware of your surroundings, so not disconnected from your surroundings, but I guess the boundaries between you and the room and the other people being protected, so you're not aware of every single sound. I remember feeling like that, that I was aware of everything but with a soft edge or soft focus to it.

Again, Amanda alludes to the protective qualities of focusing solely on the body, of attending exclusively to the sound of the air going in and out of her lungs, the sensation of the lungs expanding and deflating as the air fills them up and empties then again. This calming focus gave her the experience of being 'boundaried', protected from the other, of being self-contained, her own body being her safe place. She experienced changes in the quality of her awareness, a heightened internal awareness and a external awareness that became softened, distant, unthreatening. The potential threat imposed by the sterile, medical environment of the labour ward is diluted when experiencing oneself as in control and safe in one's own skin:

Amanda: … it's better to have a starting point where you're confident and relaxed and then you can move into less relaxed and less confident, but if you start from a fearful place, it doesn't leave you much room to go to and hospitals can ramp up your anxiety very easily.

Leave it to me

Childbirth is a rite of passage for women, and there is a sense that her performance will be rated or judged, that the outcome will be a measure of her strength, will and character. Picking up on the importance of having a 'natural' birth, women may feel under pressure to prove themselves as mothers who are capable of birthing their own babies without help or medical intervention. Despite believing that struggling during labour is 'not a failure in any respect and pain's not a dirty word', nevertheless Amanda feels that having birthed her baby by herself, without the need for any pain relief or obstetric support accorded her

a certain elevated status in society and this fed into her self-esteem and self-belief as a competent new mother:

Amanda: You've got the doctor hovering in the background, you know, I can hear him saying about having an epidural or assistance and I'm thinking "No! I'm not having that". So I felt quite proud of that I have to say and it gave me some kudos with the staff (laughing), you know, for a first-timer to get him out in that position without any assistance, without any extra pain relief, you did really well!

Researcher: And how did that make you feel about yourself?

Amanda: Yeah, it was a definite boost, a definite boost. I mean not in a competitive way. I mean afterwards you think, yeah I did do really well and I didn't completely loose the plot and I was very, very, calm for most of it.

Childbirth can be a source of pride for a new mother and lends a sense of accomplishment whenever it is achieved 'by maternal effort alone'. There is an underlying fear that during childbirth, one might lose control of oneself, become distressed, unruly, a screaming banshee even. To become overwhelmed with pain, to be unable to cope in childbirth is therefore a potential source of shame. To be out of control of your own body, to not even be able to birth your own baby has the potential to negatively inform a woman's initial experience of herself as a new mother.

During childbirth, the 'threat' of obstetric intervention is ever-present, and there is a sense that maintaining control of one's own birthing process takes steely determination and commitment on the part of the mother. There is a race against the clock as 'progress' is measured in real time by medical staff whilst the birthing mother is experiencing her body as existing on a different temporal dimension:

Amanda: I thought, "you've got a window now to kind of DO this and if I don't do this they're going to come and help you".

Researcher: So the pressure was on?

Amanda: The pressure was on … the doctor was literally hovering and I was aware of him… You can't eliminate the pressure 'cos as soon as you move from the water birth room to the delivery suite the atmosphere changes – it's physical.

Being moved to a more medicalised environment can affect bodily attunement and the mother has to redouble her efforts to ward off intervention if she wants to experience a natural birth:

Amanda: … the biggest difference was there were a few more observers.

Researcher: Did that affect what was happening in your body and being in tune with that?

Amanda: [long silence] I think it did, but for me though it was more a case of "I *am* going to do this and I *am* going to get him out". I felt like I was proving a point.

Researcher: So you were resolved.

Amanda: Yeah, it was more of a "you can watch and I *will* do it" and I didn't feel threatened or embarrassed or, you know, "I *will* get there, I *will* get him out and you can stay there, I don't need your help, it's fine"…

Complete trust in her body gleaned from the experience of physical attunement and being-with her body throughout labour garnered her self-belief in her body's ability to birth her baby without any assistance or pain relief. Deep feelings of self-belief gave Amanda enough confidence to challenge the doubts of the medical staff attending her about her ability to carry on in labour without assistance or intervention. Amanda felt keen to show them how powerful she is, how powerful her body is, to show them what she is made of and how it *should* be done.

So painful, but so important

The experience of breastfeeding, when difficulties arise, can undermine a new mother's trust in herself and instigate a mind-body split. Deep investment in the intrinsic rightness of breastfeeding, assumptions about breastfeeding as a 'given' of motherhood, an absolute 'must', can deeply inform a new mother's feelings about herself and her body when breastfeeding becomes an issue:

Amanda: I think at the beginning, he was born and I was very much invested in breastfeeding and still am, very invested in it … [but] we had feeding issues in the beginning, a combination of him not latching on well and my milk not coming in as quickly as it should. …That was really, really hard, I mean I could almost do a whole interview about that [laughs], sort of, erm, those initial days in hospital …

In contrast to the emotional highs of giving birth and feelings of empowerment, the physical and emotional challenges of breastfeeding usher in a whole new emotional landscape, like a black curtain coming down in front of a cheery scene, the misery begins …

Amanda: … and it was very painful and my nipple got very damaged and cracked and bled for one or two days and then it actually got infected so I was on antibiotics the week after …

Amanda experiences her body as spiralling out of her conscious control. Struggling with the pain and the physical challenges of getting her new-born to latch-on she finds herself at the mercy of a midwife whose focus is to provide the baby with 'food', rather than establish a breastfeeding relationship. The consequences of this shift in attitude to her body are deeply felt:

Amanda: … and then waking up with another midwife with "when has he last fed?" "He hasn't". " We need to get him on". And it just shifted, and her attitude really stunk. She made me cry, twice … how she spoke to me was really not good and I remember her expressing or trying to express colostrum and she really hurt me.

Researcher: Squeezing your breast?

Amanda: Yeah, and she really hurt me and I remember yelping and it was not pleasant at all … it was very, very painful to begin with so it went from excruciating to – well, it's difficult, because you're feeding so often …

When giving up breastfeeding is not an option, when it is integral to your beliefs about what mothers *do*, the only option is to endure the pain, regardless of the cost.

Amanda: And you think five days is nothing, but when you are feeding a minimum of eight times, that frequency of pain, that's what makes it so intense, so it's not like, oh it will go in a few days, you're repeating something that is *so* painful but *so* important and *so* integral and so that's why it has such a toll on you emotionally … I just felt bombarded with it …

The demands of breastfeeding can quickly become physically and emotionally overwhelming as you try to 'psych' yourself up to endure the endless routine of self-inflicted pain from which there seems to be no relief. Emotional investment in a physically draining and painful activity takes its toll:

Amanda: … I think now, if I hadn't wanted it, to breastfeed as much as I did, I think that's really the only reason I got through it because I wanted to. I'd invested in it emotionally. But it is physically really draining and when it doesn't go right, it's got all the components of bringing on post-natal because it's physically draining, it can make you feel inadequate, it so integral to – they don't tell you that when they go on about it –oh it's so convenient and it's so natural! And it *is* all of those things, BUT …

Amanda has experienced a darker side of breastfeeding that is at odds with what she was lead to believe. Having already 'bought into' the naturalness and convenience of breastfeeding, she found it difficult to emotionally extract herself from it, even though she concedes the consequences to her self-esteem and physical health were hugely negative. There are undercurrents of having been 'duped', of having only been told one side of the the story, of having invested in

the ideal rather than the reality of breastfeeding. She is left with a sense of shock at just how difficult the lived experience of breastfeeding was and marvelling at the reality of this having been her choice:

Amanda: … I mean it was a nightmare. I wouldn't wish it on anyone.

Researcher: What effect did it have on you?

Amanda: It was like snakes and ladders really, because I came home from hospital, the radio was on, the sun was shining, he was feeding beautifully and I thought, Oh my God, three days ago I was literally, I had nail marks all along my chest from, like I was having to brace myself. I mean I remember I had to press my feet into the end of the bed.

The ups and downs, highs and lows of this short-lived but dramatic physical and emotional experience fly in the face of imagined visions of the infant at its mother's breast – serene, peaceful, content, dignified. What isn't fit for public viewing is the ordeal, trial, torment, horror, hell, misery, agony and torture – literally the stuff of nightmares – that constitute the embodied reality of breastfeeding for some new new mothers:

Amanda: It did pass, but I was in a lot of pain to begin with, a lot of pain. I mean it makes me laugh now, I mean literally my chest was covered from me digging my nails in. I mean it's not the picture they have round the ward …

The legacy of birth

The body in the immediate post-natal period is rapidly experiencing many changes in response to the birth and for a first-time mother these may not be anticipated. The bodily sensations may be unlike anything experienced before:

Amanda: Yes, I had the aches and, you know, feel like you've been in a car crash just because, oh, this is what it feels like to have been put through the wringer, but not in that it felt terrible, but your insides

feeling sore – if you've never had that sensation from anything it's actually quite strange.

Being in a car crash and put through the wringer conjure up images of physical and emotional devastation. To be put through the wringer suggests having had every last ounce of juice or energy squeezed out of you, that you have nothing left to give, that you have been dried out by the experience. To suffer a car crash is to collide with another object, to be stopped in your tracks, overturned, smashed, damaged. These are evocative images of being out of control, of having survived a challenging and potentially life-threatening experience that was impossible to prepare for.

As well as internal sensations, there are also more noticeable external, visible reminders of birth, that in the immediate post-natal period are normalised within a hospital environment, but which seem out of place, shocking even when considered against the backdrop of ordinary, day to day life:

Amanda: … because I spent so long in hospital…it was all kind of in context. Because I was shuffling around and because my stomach was still hanging out, it was all ok because it was on the maternity ward, whereas, if I'd been at home (and there were times where you could see that I was incontinent after the birth), I'd get up and like, ok, I need the toilet and I'd have to hold the pad, but if you're on a hospital ward that doesn't seem so desperate, whereas if you're at home it's out of sync.

The shuffling around in flight socks, the inability to stand upright because of the pain from abdominal or perineal stitches, the stomach hanging out, the nightie wet with urine, soaked with blood, or stained with colostrum are all normal sights on a maternity ward, but would seem shocking at home or at work or in a public place. The post-natal body is synonomous with injury, new mothers literally the walking wounded, protected by the hospital ward that has become inured to the physical aftermath of birth:

Amanda: It's out of place, it's not normal, whereas on a hospital ward there's blood and there's guts and …

But there is a longer lasting legacy of birth on the body. For Amanda whose breastly dramas characterised her early experiences of motherhood, she feels changed, her relationship with her body is not as it was and she feels fragile, vulnerable, weakened.

Amanda: … I've set something in motion now that I'm, I do feel vulnerable – if this happens again or this reoccurs, or what about the next child, or what about the next feeding? It's not a given, but in a sense it's lost. I do feel vulnerable with this breast … well this is not a feeding breast and now it's disgusting, it's not a sexual breast [laughing] – it has no function, it's just this appendage …

What was once a fully functional breast is now lost to Amanda – she perceives it as neither beautiful, sexy or capable of producing milk for her child, neither Madonna or whore. She no longer has the luxury of taking this breast for granted, but carries on in the world feeling damaged, reduced in some fundamental way. Her breast is tied up with self-perceptions of womanhood and motherhood and both are changed as a result. She feels alienated from this 'appendage', this alien piece of flesh that once belonged to her, she cannot identify with it. This breast that was once an integral part of her has rendered her sterile, disempowered, incapacitated. She can no longer be the woman she was, and she will never become the mother she envisioned herself becoming:

Amanda: But I feel very differently about 'it'. It feels like an 'it'. I don't have a pair of boobs any more. It feels like two separate entities really. I don't, yeah, it's almost like it's been neutered [laughs] as if it doesn't really have a function, which makes me sad.

Amanda's breast has become an aggressor, a risk to be managed, a potential enemy. What was once an extension of herself has now become an object that hangs off her, demands her attention and drains her of energy. What should be providing succour and pleasure has now become a parasite, a pariah, a literal waste of space.

Amanda: Presently, yeah, feeling sort of, not even ambivalent 'cos ambivalent suggests there's positive feelings [laughs], em, yeah,

that sort of disconnect from it. It's a thing I have to see to or it's something that I have to look after. But it's not really serving it's purpose, I've just got to stop it causing me grief, which is quite sad [laughs]. Which is quite sad really.

This shift of perspective, of seeing her body in a new light has displaced her somewhat. She is not who she thought she was and her body no longer represents her in the way that it did. There is shock and confusion, loss and grief. The taken-for-granted body, the body that was passed by in silence, the easy, comfortable, immediate body has to be reinterpreted, reintegrated, renegotiated and re-evaluated to fit with this new way of being-in-the-world:

Amanda: I think for 'the boob' its all those feelings you might have of your body not being your own or things happening beyond your control or serving other functions than what you are used to, sort of intensified.

When something goes wrong with a body-part, it can become an object of our own scrutiny. We are frustrated with it, this body that no longer silently goes along with our wishes. Our body enables or disables our desires for ourselves and our being-in-the world. If we are unhappy with it, we can try to ignore it, suppress its demands, but we cannot hide from it. It is not easily separable from our sense of self. We can never put it down, turn away from it or leave it. Instead we must continue to exist in it, continue to explore the world through our altered senses. In van Manen's words 'with a changed body comes a changed physiognomy of the world' (2014:214).

Being with-out the body

Being in a hospital environment as a 'patient', an individual *under* the treatment of medical professionals, suggests surrendering your body to the care of another, of handing over responsibility for your well-being to strangers. For Amanda whose self-image was one of a strong, independent, self-reliant

individual with an intimate relationship with her own body, this experience proved challenging to her sense of physical and emotional security:

Amanda: … I think it was a sense of, like I said, not ever having been a patient before, it wasn't so much my breast, it was more with my body and feeling vulnerable and thinking, actually bad things *do* happen … and then knowing that actually this is really, really not good, it was, it was frightening.

Feeling disempowered whilst still responsible for a new-born baby heightened her fears of losing control, not only of her own body, but that of her infants as well. She is responsible for two bodies and both are slipping out of her reach. Attempts to rationalise the situation, to calm herself down, take charge of her spiralling anxieties are thwarted when faced with an unforeseen medical treatment that separates her physically from her baby's body and consciously from her own. No longer able to manage the pain deep within her breast, Amanda loses the ability to self-soothe, to 'deal' with the situation she is in and keep herself from sinking into panic:

Amanda: … in the end it had got worse and they did have to drain it under general and it was scary leaving him and it not being planned, it was scary. And I remember up until that point feeling OK, well, this is what needs to happen, I'm on the ward now, I need antibiotics and that's fine, and I can deal …

The experience of being with-out her body rendered her feeling unsafe, unprotected, vulnerable and struggling to cope with the pain. As the pain worsened she increasingly finds it a struggle to communicate what is happening in her body to the staff who are responsible for her treatment and care and this leads to further alienation and mistrust in her environment:

Amanda: … it was half way through the week and the midwife's saying "you're on the mend, you're on the mend" and me lying there thinking, "I'm not on the mend, I'm the opposite of on the mend 'cos I knew it was getting worse… and I remember they kept saying "you must be in agony, you must be in agony" and I went

"well, I'm really uncomfortable and I'm really worried but I'm not in agony" and then when it deteriorated I *was* in agony …

There is a mis-match between Amanda's subjective experience of her pain and how others are perceiving her pain and this is frightening. Her pain now out of her control – a pain unlike anything she has ever experienced – she is alone and desperate:

Amanda: … and I know I have a high pain threshold, so I guess it was that different type of pain – it was like toothache, the kind of pain that goes through you, like a gnawing kind of hollow, wincing, really nasty … and I remember feeling, I was very tearful and I was somewhere between crying and sobbing that morning …

Amanda hasn't just lost the ability to cope with the sensations within her own body, but has to contemplate the prospect of being unable to breastfeed her baby which she experiences as overwhelmingly distressing. It is not only her physical integrity that is under threat but her hopes for herself as a mother who nourishes and sustains her baby's life. In losing the use of her breast she is also losing the physical bond with her new-born, the intimate bodily inter-connectedness that underpins all her understandings of what it means to be a 'good' mother:

Amanda: … it's not just a part of your body that needs treatment, it's connected to feeding…

Tears? What tears?

Emotional vulnerability and volatility during the immediate post-natal period is normal giving the physical and psychological adjustments required of the transition to motherhood, however new mothers may feel sensitive to displaying any signs of emotional distress due to connotations with post-natal depression and an inability to 'cope' with motherhood. There is an underlying sense of unfairness in being judged as struggling with the demands of looking after a new-born just because of tears, tears of grief, frustration, pain, exhaustion.

Taken in context these tears may be perfectly normal responses to a difficult situation, but new mothers never-the-less feel compelled to hide their more difficult emotions from the public gaze, lest they be labelled with 'post-natal depression':

Amanda: … a lot of emotions I was going through were to be completely expected and I think to be honest for the first few months women have an underlying post-natal distress – it's not that you're unhappy or stressed out, but there's a level there and when you have extra stressors it exposes just how much you're doing to keep afloat.

The post-natal period is, by nature, characterised by a maelstrom of shifting physical and emotional realities and experiences which perforce render a new mother exposed to emotional highs and lows as well as physical stresses and strains. These are made more difficult to manage due to dwindling reserves eroded by the exhaustion of sleepless night after sleepless night. No wonder, Amanda muses, new mothers cry and get distressed and how outrageous that this should be judged. There is importance placed on viewing mothers within the context of their immediate physical and emotional realities, their lived daily experiences of inhabiting an exhausted, hormonally fuelled, wounded body and of coping with the intensely physical and emotional demands of caring for a helpless and fully dependent new born baby around the clock. Taken in context, tears are almost a requirement, a necessary and useful expression of the highs and lows of ordinary motherhood, to be accepted, welcomed, understood, rather than viewed with suspicion and seized upon as proof of instability and defamation of maternal character:

Amanda: I think at the time I felt very exposed.

Researcher: In what way exposed?

Amanda: By being, by getting as upset as I did. My notes were left in the room and I had a read through them and the wording of it was quite interesting – 'she inadvertently agreed that she was post-natally depressed' – and I didn't inadvertently admit anything. I

said I'd been feeling up and down since being on the ward and there was part of me thinking, they've seen me now, that's twice they've seen me in an emotional state, so exposed in that sense.

Amanda feels her tears have betrayed her, left her open to (mis)interpretation and she feels misjudged, unfairly labelled and misunderstood. Her emotional reactions to her situation are to her mind quite rational, quite normal, but have resulted in her being viewed in a certain way, the verdict having been fixed, inflexible, written in stone. The jury is out and she has been found guilty.

Amanda: And now I'm back on the ward and my breast is a mess and I'm crying again.

Researcher: And that's all they know of you.

Amanda: And that's all they know of me. And it's written down.

Researcher: Yeah

Amanda: But I think what I felt was, there's a context to this. Yeah, I'm tearful, but I have been in tremendous pain and being on the ward with a little baby isn't easy and having to see to him when you're in pain … it's not easy!

Being in an environment where her lived experiences of being in pain whilst caring for her seven week old baby, where the embodied realities of motherhood were not understood, where she felt unable to freely communicate her needs, resulted in her turning away from others, attempting to contain her own pain and anxiety which, over time, becomes impossible to maintain. As a new mother she does not inhabit a 'normal' embodied subjectivity, and the requirement to behave as other 'adult patients' on a hospital ward for fear of being viewed as 'abnormal' only adds to her difficulties:

Amanda: And then you're holding it in. If you're an adult patient you can have a little moan or a little cry, but because you're responsible for a little person, then you're holding it, and you're holding it and all of a sudden pssshhhh! So that's probably the mistake I made …

The physical aftermath of birth and the physical and emotional demands of early motherhood are in themselves a potentially overwhelming experience that touches on every aspect of your existence. The post-natal world is a world that has been tilted on its axis, unplugged from pre-existing beliefs about what constitutes 'reality', once removed from everything that ever felt concrete, known. Post-natal embodied subjectivity is virgin territory, an intensely private journey that is open to public viewing. Complications with breastfeeding, which in Amanda's case were severe enough to require surgery, can throw the work of motherhood into sharp relief.

Amanda: … all the shifts that you have to make, they require a lot of work and some of it's hidden and some of it's very obvious and so when you have an extra pressure or an extra stress or even a trauma, it exposes all of that because fundamentally every aspect – there's not, there isn't really an aspect of your life that's the same…

The psychological correlates of this added stress, pressure and trauma, set within the context of an inhospitable environment wherein a new mother feels unsafe, wary of the gaze of others, disconnected from her own body and unable to express her emotions are witnessed in Amanda's experiences. She begins to feel removed, not only from others but from her self, chased by the menacing and fast-approaching prospect of completely losing all connection:

Amanda: And I think in terms of the PND question, you know it was biting at my heels for a few days. I did feel – there were periods of time throughout those few days where I was feeling distant and disconnected and not feeling like I could cope.

Careful to suppress the vulnerabilities, frustrations, sadness, outrage and despair that accompanied her from hospital she seals herself up, hides the cracks, buttons her lips and carries on keeping herself together. Her experiences on the ward taught her not to let her guard down again, not to let 'them' in. She tells herself 'no more tears':

Amanda: … and [I was] sitting there with the district nurse on the first home visit thinking I want you to go ‘cos I’m gonna cry and just holding, holding, holding, holding.

Can I have my body back please?

The subjective embodied experience of internal and external change is often difficult to quantify and the impact can be difficult to convey. A new mother’s body is viewed as having done its duty and any residual physical ‘hangovers’ from the birth are downplayed or minimised. A desire to return to normal function or cosmetic appearance seems such a minor concern against the more important work of nurturing a baby. There is a sense that, where bodily changes have occurred during pregnancy or birth, these are to be expected and going back to ‘normal’ is a bonus rather than a given. There are assumptions that bodily sacrifices must be made in the project of birthing a healthy baby and the after-effects of these must be endured because, well, what did you expect, you’ve just had a baby!

Amanda: I had very bad pelvic gurdle pain in the few weeks before I gave birth. I was very active, very fit and then just, God, it was awful! Then it went completely after he was born but suddenly I started getting a few twinges and … it was so, so bad I didn’t want to ignore it and [the doctor’s] advice was “well, you can take some paracetamol”. And I said, well it’s not going to treat anything is it? And it’s that implicit sense of – you’re body’s changing or your body *has* changed and *will* change so deal with it! Well, No! It doesn’t make it a lesser issue!

Pain, discomfort, loss of function and changes to cosmetic appearance would be unacceptable under any other circumstances, whether it be as a result of a birth defect, illness or disease, accident or surgery. There is an expectation that physical ‘wrongs’ will be investigated and, if possible, righted. Physical distress of any sort is examined and, as far as possible, relieved. The Hippocratic Oath ‘do no harm’ seems not to apply to maternal bodies, however, and mothers’

bodies are expected to keep the score of pregnancy and birth in perpetuity. For a mother to challenge this, to suggest otherwise, is to risk sounding ungrateful, to want your cake and eat it, to expose yourself as a 'bad' mother who puts herself first:

Amanda: And it's being indulgent if you want to rectify something and no, it's not being indulgent. It's a level of functioning that I'd actually like to restore please, thank you very much!

Physically Tied

Amanda: … with the breastfeeding aspect, it creates that, a literal physical tie between the two of you and yes, I can express milk and I can go out for probably the most I've been away from him is five or six hours tops, but if I do, then three hours tends to be comfortable then my boobs – my one boob – starts to get heavy and leak … If you're bottle feeding that doesn't even come into play. You might have that oh, I want to get back to my baby, but you don't have that physical pull.

Amanda: So, yeah, it's a bit of a bitch really! In some ways it's almost like you enter into this contract and to get out it's going to be a series of negotiations, that's what it is!

APPENDIX H

JEN

It's all hush-hush!

The embodied aspects of birth are little discussed or understood by even women themselves. Post-natal bodies are secret bodies, private bodies. Society politely turns a blind eye, focussing instead on the body of the baby. No longer pregnant, the post-natal body is given back to the mother to 'deal with'. The real focus is now the newborn. There may be a sense of shock for the new mother at having to embody this new, emptied flesh, this deflated bump, this unfamiliar physical landscape. Shock in as much as it was unexpected, unforeseen, unplanned for.

Jen: … it is actually something that you really don't know about before you have a baby and no-one really talks about it and no matter how much you have friends and family relatives who've gone through it and gone into the most intimate details about it, acutally that kind of feeling afterwards and the fact that it does kind of change everything, you just don't get that.

The post-natal world is in a sense a secret world, a members only club, accessible only to new mothers. Its secrets lie outside the reach of even pregnant women who must go through the ritual of birth in order to be inaugurated. The true depths and nuances of post-natal embodied experiences are witheld from those who are not themselves yet 'in the know'.

Jen: … that sense of no-one really tells you how tough it is in the first, say, month or so. I mean people say it in a kind of generic way, like, "oh you won't get any sleep!", but not in a "it's actually one of the worst things!" … It's that kind of unwritten – you just don't tell people until they go through it kind of thing.

There are undertones of disbelief and betrayal for Jen as she realises that she is now part of a club whose members are all people she already knows and trusts,

people with whom she shared her pregnancy and to whom she turned for information and advice – her mother, her sisters, her best friend.

Jen: It's very weird 'cos you almost kind of feel, I know, I mean I can't really articulate it very well, but you almost feel *tricked*, and I know that sounds really silly.

Withholding the darker side of becoming a mum was experienced by Jen as robbing her of the opportunity to fully prepare herself. She feels she was duped, lulled into a false sense of security. She thought she knew it all, was confident what to expect and how to handle it. The sheer devastation she felt in the early weeks after the birth felt like having been thrown a curve ball and she feels silly and undermined, tripped up by her naivety, embarrassed by her prior confidence. There is a sense of injustice – she could have made things better for herself, mentally prepared herself, handled it all better perhaps, if only she had had access to 'the truth'.

Jen: I would have been ready to hear the worst and I still would have wanted to go ahead, do you know what I mean? I wouldn't have been able to be put off having children, so in a way therefore I feel worse. I'm kind of more surprised that – I don't know how to say this – I was kind of more shocked by it than I thought I would be, 'cos I'm the sort of person who likes to be prepared and read up about stuff, so I kind of thought I'd done everything I could to prepare myself for it, and then there was this kind of *deeper* level, this other level that you don't know about until it's happened and there was just a sense of "how did I not know it was going to be like this?"

Jen is catapulted out of her comfort zone feeling angry and confused. How did she not know it was going to be like this? How could she have spoken to so many mothers, read so many books, websites, pamphlets, flyers. She had done all the homework, thought she would get top marks, but the hardest task came at the end, an addendum written in invisible ink, visible only to a mother's eye. She questions whether she is the only one who feels this way and looks for 'evidence' that there is more going on than women openly talk about.

Jen: I saw an aricle in the Guardian about a woman talking about childbirth, you know, … just kind of writing about it in an honest way that acutally it's really kind of tough and horrible at first and so there's a sense of, it's not just *you*, so it's very useful to know that what you're going though is just as normal …

The shadow side of birth and post-natal experience, dark emotions, frightening thoughts, spiralling feelings of fear and helplesness, worry about not experiencing motherhood as positively as you expected and of having failed to match up to the expected image of the happy, coping, contented mother are all impossible to express freely in common parlance. It is as if there is a whole vocabulary you're not really allowed to use in the context of motherhood, and new mothers are sensitive to this, guarding their forbidden words lest they try to escape.

Jen: And I kind of *am* talking about it [laughing nervously] and I feel like, oh that's not the done thing to actually say stuff, just sort of saying, you know, not, "oh, it's so lovely having a baby" and "oh, it's all so wonderful!", but just sort of saying "it is REALLY difficult" or "it's just kind of horrible to start with" and using words that you're not *meant* to use when it comes to babies and motherhood and stuff like that.

Jen is daring to lift the veil of motherhood in order to explore her own experiences further, to challenge social norms and unsatisfying discourses, to scratch the surface of the shiny, beautiful, revered painting of the madonna and child that conceals, for her, a darker reality. This new reality that she has lived through makes her question received versions of the 'truth'. She has her own interpretation now and this has shaken her trust in others and in the very use of language itself to convey, without shock, all aspects and dimensions of post-natal embodied experience.

Jen: I think it is just totally glossed over so it's, you know, you can talk about tiredness in a kind of general way, … but no-one actually goes into how that actually *feels*. It's kind of like at a different level so all the words are kind of not the real kind of depth.

For a new mum there is an ‘unwritten rule’ that certain things are not up for discussion. Any physical or emotional problems are to be hidden from view, relegated to the private sphere. Almost instinctively Jen feels there are certain ‘no-go’ areas when discussing her experiences with others, almost as if saying anything remotely negative about motherhood or her baby would be taboo. She also senses, however, that her experiences are not unique to her, that other mothers must similarly be facing the same daily trials and tribulations, the same emotional responses to sheer exhaustion and feelings of being overwhelmed by the responsibility of looking after a new-born baby:

Jen: … there could well be first-time mums who do have this kind of experience but, oh, they were a little bit tired and it was all just fun, but my sense is actually, the majority of people feel more like I did but don’t really say it and there’s probably a minority who are kind of not that shell-shocked by the whole experience.

Jen suspects a cover-up job. She suspects that some new mothers are down-playing their experiences in an attempt to play to social expectations of how they *should* be feeling. Rather than admit how awful they feel at times, or how they sometimes struggle to get through the day, they ‘talk the talk’, portraying the ideal of a ‘coping’ mother, a ‘good’ mother. Jen suspects the two are linked – to be seen as ‘good’, you must be seen as happy, confident, coping, enjoying your baby at all times. Her experiences fly in the face of this and she knows instinctively not to offer these up for public consumption for fear they may be ‘inappropriate’:

Jen: … apart from, there are these narrow gaps of people who you can, so for example, Sara I can talk to, my sister who I’ve got a very close relationshp with and who’s a mum, I can talk to her, but anyone who you haven’t got an intimate relationship with …

No getting away from it

To be a mother is to feel physically linked to your new-born, still bonded, still attached. Although visibly separate, the experience for the mother is still

visceral, palpable. There remains after birth an inter-embodied knowing, an internal radar that picks up and sends out signals to the baby. Mother and baby are in a sense still connected, the baby still a physical part of the mother and especially so for those who breastfeed. There is an ineffable quality to this inter-embodied connectedness:

Jen: And then with partners, I've kind of spoken about it … [but] he won't quite get it and he won't ever understand. It's just not the same and although he has done all the getting up at nights and done a lot of the same things, there's just this difference between being 'the mum'.

Researcher: Why do you think that is?

Jen: I just think ultimately, … it's kind of the physical aspects of it – I am the one who gave birth to her and I am the one who's breastfeeding her, so there are those ties, you know? I am the one who is ultimately responsible for her, even though we're both the parents, there's just an extra physical link.

With this extra physical link comes added responsibility, especially when breastfeeding. Whilst breastfeeding there is a literal physical exchange of bodily fluids, a kind of 'corporeal generosity' (Diprose, 2002) or 'maternal gifting' (Hird, 2007) whereby there is a giving and receiving of matter itself. The mother-baby relationship is a system of exchange, an inter-corporeal state of being wherein both mother and baby are 'locked' into each other, the boundaries between them blurred. Separation is not so easily achieved in this state and the mother is physically attuned to her baby in a way that is inaccessible to other caregivers:

Jen: … it is just the physical side of it because I'm breastfeeding her I literally can't be away from her for more than two hours at a time.

This is experienced by Jen as a physical burden, a loss of autonomy, freedom, ego and she longs for these to be restored. There is a sense of suffocation within the breastfeeding relationship, and of resentment of her husband's freedom to retain his sense of identity in the world. He is free to come and go, to be a dad and yet still be his 'old' self in the work environment. The physical

absence of the baby permits him the possibility of distance, of a momentary shedding of parental responsibility, of a possibility of objectivity. This opens up an opportunity for the experience of reconnection, of being-with. Without this very real physical split it is difficult to experience the baby as separate from yourself, hence it is difficult to stand outside the relationship, to get a sense of difference, independence. Whilst breastfeeding, mother and baby are mutually co-dependent and this limits opportunities to miss the other and for Jen this is experienced as a longing to be 'without'.

Jen: So it is that thing – he comes back from work and says "oh I missed her" and it's like, I'm looking forward to being able to miss her because at the moment I don't have that opportunity.

The Burden on the Body

For Jen, having a baby was experienced as a two-pronged attack on her body: the physical exhaustion wreaked by sleep deprivation and physical legacies of childbirth itself. These physical experiences are, for her, linked to a volatile emotional landscape and she makes sense of her moods through the way in which the trials and tribulations of being a new mother affect her body;

Jen: I think there's the two main things, there's the one of dealing with her and that's the exhaustion thing and like the fact that you literally don't sleep at night, obviously the feeling on your body is just, you know, the accumulative effect, and the exhaustion that kind of makes you tearful, and then there's the side of things that's the aftermath of actually giving birth and how that affects your body as well.

These are the factors after childbirth that affected Jen the most and she is quite clear on this.

It's Taking So Long!

There is an expectation that childbirth will affect your body in a negative way, but that this is short-lived. New mothers share an assumption that physical recovery takes place over a period of six weeks, that perineal trauma, swelling, bruising, tearing, stitches and the physical appearance of the post-pregnant body (flabby abdomen, loose stomach muscles) will all regain their normal function by the 'six week check'. This 'fourth trimester' or puerperium is generally considered a time of physical healing, but largely pertains to the resumption of former functioning of the internal reproductive organs – the heart can now reduce the volume of blood previously required to flow through two bodies, the displaced intestines and stomach can now settle back into place, the uterus shrinks to its pre-pregnancy size and the internal abdominal wall contracts. This more medical focus on the body in the immediate post-natal period has perhaps been interpreted by women to mean all aspects of the physical body that have been affected by pregnancy and birth – excess weight around the stomach, hips, thighs, breasts; torn or cut ligaments, nerves and muscle walls from obstetric interventions and associated complications such as infections, prolapse or cosmetic damage. All these may take much, much longer to heal or return to 'normal', if at all and this can lead to concern for a new mother that she is not meeting the mark if her body has not returned to 'normal' by the six week check:

Jen: … even though you hear about having stitches, and hearing about all those things, I think with that side of things, giving birth side of things, I think you are more prepared for that … I think I was just surprised by the length of time it took to feel normal again.

There are concerns about what is perceived as 'normal' and what is not and time is the dictating factor in this, fuelling maternal anxieties that peak with the passing of the six week cut-off:

Jen: You know they say "oh the stitches will go away in three weeks and you'll stop bleeding after four weeks", whereas I only actually started to feel normal after about two months.'

This medically imposed time check on physical recovery post-birth has become a bench-mark against which a new mother judges her body's performance.

Rather than allowing her body to heal and recover within its own timeframe, there is instead a race against the clock to conform to a certain post-natal body template. interpreted as a failure, leading to fears that the body has been irreparably damaged.

Jen: So it got to the six weeks and I thought “I should be better by now”, and I was kind of thinking, “my God, has it ruined me for good”?

A new mother’s awareness of time is heightened; everything is experienced and checked against the passing of the clock and each milestone is reached according to how many days or weeks have elapsed since leaving hospital. Progress, recovery, weight – both mother’s and baby’s - are all judged to be ‘normal’ or not according to points in time. Recovery matched against the passing of time may be keenly felt as even simple, day-to-day tasks and activities are tentatively resumed:

Jen: You’re not meant to walk too far or do that much exercise and obviously that’s normal to start off with, … but maybe, say, ten days after she was born walking into town and back that was like a big deal and you could feel it and it hurt and that’s a bit of a shock.

Even many months after the birth, Jen is surprised to find the physical aftermath of birth still takes its toll on her body:

Jen: … first of all there’s ten days after I thought it wouldn’t hurt to walk ten minutes and it does. And even now, it’s still, you can’t, I mean if I’m on my feet for hours you can kind of feel it.

It isn’t the discomfort or pain that is surprising – that is to be expected after birth she feels, but what is not expected is to still be experiencing the physical affects of childbirth, the hanging, pulling, dragging, heavy sensation that comes with the pull of gravity on a weakened pelvic floor long after she thought her body would have moved on from it’s post-natal state.

Jen: It’s the time-frame. It’s just, it was longer. I knew all the facts and all the details and all how it might feel but it just – it was more than I thought it would be in time and how it feels.

This leads to fears that normality may never return, that the body has been compromised, damaged, weakened indefinitely, that function may not in fact be taken for granted or relied upon. There are undertones of remorse and expressions of loss for a former self. The only real body is the lived body, the present body, the current body. This is the only body Jen has and she has lost sight of other bodily possibilities or realities, plunging her into despair at the possibility that childbirth could have robbed her of her perfect genitalia so young. She hadn't thought it possible and struggles with not knowing which bodily trajectory childbirth has put her on:

Jen: … if you know that you'll go back to normal eventually that's fine, but at the time it doesn't feel like that and that's what get's you down, you know, you think, gosh, it will never be the same down there and I've only had one kid … it just felt too young to be a bit ruined down there and not be the same again.

Even months after birth the body may still feel different. There is a desire to get back to a former bodily state and recovery is rated according to perceived resemblance to previous sensation, appearance or function:

Jen: I'm still not back to 100% what I was before but I feel kind of 'normal' in a way that I didn't before.

Researcher: Like you're getting your body 'back'

Jen: Yeah, a little bit. I mean, still not totally and that's partly because of the whole breastfeeding thing – it's difficult to kind of 'own' your body.

Feeling in control of the body is mediated by the physical demands and hormonal vicissitudes of the breastfeeding relationship. There is an implication that to feel differently in your body necessarily prompts a disconnect from it, an inability to fully reside within your own skin. Getting back to 'normal' in a bodily sense means to feel at one with the body, to feel that the body is working with you and for you, and that you exist as a separate, autonomous entity, boundaried and fully functioning. Until then there is a sense that as a breastfeeding mother you can only exist as a being-for-others. Integration between body and self is intrinsic to a sense of agency, identity and ability to

fully access the four life dimensions through which we experience, interpret and act in the world: Umwelt (relationship with our own and other physical bodies), Eigenwelt (our relationship with our self), Mitwelt (our relationship with others) and Uberwelt (our relationship with meaning and meaning-making, values, beliefs and ideals) (Binswanger, 1963; van Deurzen, 2007). To feel once-removed or detached from our bodies, to feel vaguely and ineffably dis-embodied perhaps limits our ways of being, our capacity to make sense of ourselves and our ability to interact with our environment.

Jen: And actually I found it helpful going to the GP because she said "no, it takes nine months to get in that position, so it can take another nine months to get out of it" and again, she examined me and having those feelings of "oh my God, my insides are falling out, I feel awful!" you know, she had a feel around and said that's just normal, it's ok.

No time for my body

Part of the frustration for Jen is that her physical, bodily routine has changed to accommodate looking after a baby round the clock. Her usual, day to day exercise routine no longer fits into her day. There is an expectation before the birth that excess 'baby weight' will remain and that the body will need to be worked on to get back in shape, however what might not have been anticipated is loss of autonomy over the body which has now taken second place to that of the baby. Looking after one's own body is now a secondary consideration, a once upon a time taken-for-granted luxury. Body management takes time and planning, commitment and dedication, all of which are inaccessible to a new mother who needs all her energy just to get through the day:

Jen: So I mean at the moment I'm obviously not feeling great about my body because of all those elements and because I put on, I'm still two stone heavier now than I was this time last year.

Res: Did you expect that?

Jen: I think I probably expected by now to be more on track to being back to normal, whereas actually the kind of priority is just existing and coping.

Res: So the body has kind of got lost a bit, there's no time to think about it

Jen: Yeah, yeah, exactly and for example, the way I used to stay in shape was more, I've always had an appetite, so I'd do more physical activity to stay slimmer and obviously now there's not time or opportunity …

It not the same

Bodily changes after birth affect both physical functioning and physical appearance and on a sensory level, both are experienced by Jen as at odds with what she knows about her (prior) body. What she can do with her body and how she feels in her body have changed in ways that were unexpected and surprising. She experiences her body as having changed in fundamental ways that affect her everyday experiences of being in the world. Initially it is the changes to her perineum that affect her, both on an emotional and a functional level. An important part of the body becomes unchartered territory, a no-go area, an alien and frightening prospect to contend with. The sensation of pain, discomfort and otherness in such a delicate and private area of the body evokes strong feelings. Changes to that area of the body become too much to contemplate, too much to take in. The ramifications of possible damage, mutilation, functional or cosmetic change is too much to bear:

Jen: … that area down there just feels kind of – it is like a wound, you know what I mean, you're just affected …I mean, I think I was almost too scared to look down there for a long time, so in a way I just left it.

Jen also senses changes to her pelvic floor which she fears has become weakened. Despite doing her pelvic floor exercises 'quite religiously', she wonders if full functioning will ever be restored:

Jen: … since this I've been doing them but it doesn't feel as it did – it's not the same. For example, before you could stop peeing when you were on the toilet with perfect control and then now you try and it slows down a bit but

you've not got the tightness and same as it used to be. I'll keep doing them but I don't know how much it will change or how long term it is.

There is a sense that inhabiting this liminal body, this slightly half-baked or not-quite-ready-yet body is challenging in that it threatens to become the new normal. There is a fear that the old, not-so-familiar-anymore body is dissolving and that efforts to prolong hope of a reconciliation need to be redoubled:

Jen: But I think it will take longer than I thought to get to a stage that I'm happy with and at the moment I'm still not at that stage…

There is an unwillingness to accept this post-natal body as permanent, rather it is easier to view the post-natal body as an extension of the pregnant body, a mere holding pen for the return to the longed for body:

Jen: These are my maternity leggings. I mean, it's not because I need them for the maternity element but, as I say, I'm that much bigger than I was before. I could go out and buy clothes a size or two bigger than the ones in my wardrobe, but I don't want to.

Clothes are symbolic of a certain 'stage' of maternity. To clothe the post-natal body in 'normal' clothes would be to give in, to accept the permanence of the new normal. The clothes in the wardrobe serve as a reminder of the body Jen used to have, the body she wants back. To buy new clothes would be to give up on this body. She wonders if she will ever be able to wear her old clothes in the same way, if they will ever really fit again. Her body has changed shape in a way that was impossible to predict – her tummy feels alien, no longer part of her, at odds with a more familiar version of herself:

Jen: And I think my tummy as well is the thing that surprised me, because of my figure. I'm sort of pear shaped so my weight would never be on my tummy previously – it would be on my hips and bum and whatever else, whereas now I've also got – I mean it's not huge, but I've still got, and that was one part of me that wasn't an issue … now you're just putting on a jumper and you've kind of got that *thing* …

A tough pair of shoes

Jen: I think it's more of an emotional kind of thing than you expect in terms of the way everyone has an opinion on it and the way it makes you feel.

Jen: My sister had said, look, the first two weeks are so painful and it does really hurt – and I know it doesn't for everyone – but it did for me. Well it did the first week, bleeding and aaaagh! Or like the midwife gave the analogy of it being like a new pair of shoes and you have to wear them in, but obviously you have to wear them in at three o'clock in the morning for hours on end so it's kind of a tough pair of shoes.

Jen: So I think what helped me through that was the fact that I was determined to do it and wanted to do it anyway, whereas if you're not that wedded to the idea, maybe you would have given up after a few days, you know, it's so painful it make me want to cry. You know those first few days she goes on you and you can't talk 'cos you're trying to breathe through the pain, but I was happy to get through that 'cos I wanted to persevere.

Jen: Yeah, like I would say "don't talk to me now Harry" 'cos I wouldn't be able to talk to him for the first couple of minutes 'cos I'd just be breathing to cope with it.

Jen: … so because you're tired, you haven't got the reserves and things, like, you know when it hits you that it's such a massive responsibility having a baby … when you're exhausted that seems like a terrible thing, if you know what I mean and scary and awful 'cos you don't have the reserves and the strength to cope with it.

Jen: I felt prepared for how difficult breastfeeding would be to start with because my sister had said , you know, they'll bleed, it will be painful, so because I was prepared for that it kind of made me cope with it better, so maybe if someone had sat me down and said, look, it's REALLY difficult those first four weeks, it's REALLY tough, you'll feel *awful*, you'll feel like you can't cope etc, etc … it would have just made me think, first of all, it's normal and second of all, maybe there's an end to it.

I can't go on like this

The experience of pain during childbirth seems to be weighted against the passing of time. Whether or not a birthing woman 'copes' is related, not to how she is experiencing the pain in that moment, but *how much longer* she anticipates the pain to carry on. For women who have practiced meditation or hypno-birthing, it is precisely the ability to stay in the here and now, to focus on the immediacy of the experience without allowing yourself mentally to catapult your attentions outside of the current time frame, that enables a woman to manage her contractions and her pain without distress or panic, obfuscating the need for pain relief. There seems to be a connection therefore between the experience of time which, during childbirth, takes on a different quality and dimension, and the ability to stay *in the body,* physically and mentally, that effectively protects against the mother requiring obstetric intervention:

Jen: I always thought "Oh I'm not going to be one of those people who has an epidural, I'll be fine without it" and at the time I'm saying "give me one! Give me one! Give me one!", but at this point they kept saying "oh we'll examine you in the morning" and at this point I'm thinking "God I'm in so much pain how can I hang around until the morning?" … So the midwife had a look and I was 10 cm and so I was ready to push and in the end I didn't have the epidural because at that point I didn't *need* the epidural as it was only the thought of hanging around for another 5 or 6 hours. The worst part about the pain was not knowing how long it would go on for, but because each stage was relatively quick, it was actually manageable. It was the thought of "I can't go on for another x hours".

APPENDIX J

CELESTE

(1) My body is not *me*

As a result of having been labelled 'obese' Celeste feels judged, 'knocked back', overlooked, not taken seriously, not listened to. There is a cultural assumption that to be healthy is to be slim and 'fat' is representative of an unhealthy lifestyle. For Celeste, who is meticulous about diet and exercise, self-disciplined and fully focused on her own health issues, these assumptions are an affront to her sense of identity. Being overweight as a result of a medical condition (Polycystic Ovary Syndrome) does not exempt you from others' preconceived notions of the type of person you must be. To be 'branded' means to be stamped, etched, imprinted, stigmatised, marked out indelibly. There are resonances of permanency and forever-ness in this image, of having been labelled by your own body, defined in others' eyes as possessing certain characteristics. Your body is your introduction to the world of others, it goes before you, represents you, speaks on your behalf. You are in a sense already known before you have even spoken, before any real relating has begun. Grappling with the prospect of infertility due to her medical condition, Celeste comes up against the assumptions of others:

> Even GPs would knock me back saying "just lose some weight, you'll be fine". Basically I'd been branded as having an unhealthy lifestyle - but I didn't and I never had - but basically they sit there in their chair and they look at you and go "lose some weight, you'll be fine".

To be overweight is to experience yourself as an object of derision by others. The boundaries between self and other are blurred – the 'fat' body belongs to others, it is theirs to judge and comment on. There is less respect for the person within the body, as if the person is somehow

less worthy, weaker, available for mocking. The overweight body is not em-personed, it is a shell, there is *no body* in this body. Depersonalisation, alienation and self-loathing greets the other's gaze. Celeste encounters this every day as she feels the eyes of her colleagues quizzically watching her whilst she eats:

> The image of my body to them doesn't marry up with what I'm putting in it, so it's obviously challenging their perception and makes me start thinking "I'm just crap" and makes me go just "why?"

Celeste not only has to deal with her own feelings about her (overweight) body, but with others' assumptions and perceptions. She feels noticed, observed, watched. She therefore notices and observes herself through others' eyes; she feels shame, embarrassment, mortification. The other's gaze, when focused on our body robs us of our subjectivity, objectifies us and we respond to the quality of that gaze, be it critical or admiring, affirming or rejecting and a sense of self is enhanced or denied.

> But why do people feel the need to question it, not even question it, but comment on it? I suppose it's because oversize people, or fat people are ridiculed, they're seen as unhealthy, they're seen as – it's the perception isn't it? And I think a lot of the issues I have about my body are more about how people perceive me or perceive why I'm like this because if nobody made comments and nobody cared, I think to a certain degree I'd probably accept it more.

'Fat' is seen as a substance attached to the body, not intrinsic to it, deemed ontologically separate. Fat is foreign 'matter'. But for the person who embodies this physical form it is not just the body that is the object of derision, but the very self, the somebody inside the body. In striving for acceptance, respect and validation from others, earned through adherence to a particular socially agreed upon body template, there are far-reaching, even devastating bodily consequences, as Celeste observed growing up:

> I had aunts who were constantly on diets and didn't get anywhere, and just starving themselves and then purging themselves and then binging…

How we perceive our body is mediated by the socio-cultural milieu within which we are raised. For Celeste, growing up in a Portuguese culture sensitised her to the importance (for a woman) of possessing a slender body in order to avoid mocking from the men around her.

> They tend to only stop and stare at the skinny ones. You never see a large woman walk by and them go "cor, she's a bit of all right!" You only hear ridicule.

To transcend public perception of the overweight body represents a fight – a commitment to 'showing' or bringing to others' attention other qualities, talents and attributes. This requires defiance, courage and strength of will to break free from the confines of a fixed, one-dimensional public persona, a deep desire to be valued for one's self, rather than judged in the flesh. There ensues a Cartesian battle for superiority between res extensa and res cogitans – the body has to be overlooked, shrugged off, shed in order for the 'real' person to emerge triumphant, worthy, respected, validated, valued. The body becomes nothing more than a necessary evil since it has a priori been rejected both by the public gaze and by the embodied being herself.

> I'm not going to be judged for my body whether I'm skinny or fat. I'm going to be judged for what I know and what I am as a person… I really educated myself and I transcended some barriers.

Acceptance – without the 'right' body has to be fought for. 'Normality' is the VIP lounge that you can only enter if you leave your body at the door.

> If I can't control my body and I've no control over that, I'm going to have to control my mind. The only thing I could do to make myself seem more attractive, I had to educate myself, make myself the interesting one, the witty one, the funny one, cos that was the only

way people would want to spend time with me or give me the time of day.

The only way to protect yourself from rejection and transcend social, cultural and gender barriers is by dis-embodying yourself, stepping outside of your physical self and tentatively suggesting to others that they do the same.

Don't look at this [my body], value this [my mind]!

The body is sacrificed on the altar of belonging. But the body will not be forgotten – it is not possible to exist in a dis-embodied state – it is always there at the core of our experiencing, a fleshy reminder that there is no truth but bloody truth. The body calls us into action. It isn't so easily disentangled from the mind. We cannot 'be' in the world without our body.

Celeste: So that was my way of gaining control – if I can't control my physical appearance I can control my mind.

Researcher: But you still feel uneasy in your body

Celeste: Absolutely!

Researcher: You still haven't accepted it yet?

Celeste: I don't think I ever will.

For Celeste, her overweight body is unfit for public consumption, it should be hidden from public life, apologised for, lest it tarnish the people she is with. To be overweight is to feel deep shame, shame that impacts on those around you and affects public perception of loved ones merely by association. This limits Celeste's access to social life since she perceives a need to protect the integrity, kudos, dignity and social acceptance of the people who love and accept her she is. To preserve their place in the world, she must first surrender hers.

> I still avoid quite a lot of social functions with [my husband] because I feel that he should be embarrassed because of me.

The body can misrepresent you, it can feel at odds with your sense of identity. Public perceptions of overweight people, stereotyping of particular body types, limits possibilities for becoming particular types of people, as if being overweight somehow defines your personality:

> Researcher: So you can't really identify with your body because how you feel about yourself and in yourself isn't reflected in your body?
>
> Celeste: No, no, and a lot of the control stems from that because inside I'm organised and things are done in certain ways and logical and really pragmatic, but then you look at me and yeah, it's that initial perception of 'no control', and that's not the case.

There is an inside/outside divide which is conflicted. Celeste dwells on the inside, identifies with the inside. How she is as a person, her personality, her approach to life, her way of being-in-the-world is more reflective of her internal dialogues or her cognitive processes than with her body. Other people cannot directly know or see her thinking or access her intentions towards the world, but they *can* view her body. Her body is on display, her mind is hidden, hence she feels she must announce her intelligence, play to what she perceives are her strengths, lead with her wit and mental agility. Her body requires an apology, but her mind is worthy of applause.

> Find value in this [my mind] even though you don't value this [my body], find value in my mind.

(2) Why are you doing this to me?

Having been diagnosed with Polycystic Ovary Syndrome (PCOS), Celeste had to work hard to become pregnant and she resents her body

for this. She feels she has drawn the short straw, been short-changed, diddled in some way.

> I felt it was unfair that I got given a bit of a shoddy model – why did I get dealt this card? It was almost like I was resentful that I got given a crappy one … why is it fair that someone gets a full working model and I get a shoddy model that's not going to do what's required of it?

She sees her body as being in her service, there to perform for her, to meet her requirements. Whenever her will isn't granted, she rejects it, disowns it, damns it. The body is viewed in mechanical terms, and she talks about it just as she would a car or a hoover – an object that switches on or off, that either works or doesn't work, that breaks down and needs fixing. It is not a case of 'I' cannot conceive, but 'my body' won't do its job properly. When we fall outside of the 'norm' it is easier to question something outside of ourselves, to apportion blame.

> I felt different and resentful towards the situation, resentful towards my body, almost like "why are you doing this? Can't you just be normal?"

There is a persecutory element to this relationship with the body. The body is addressed as an entity who, by force of will, is doing something *to* her, is withholding from her. There is confusion, hurt, disbelief, betrayal, like when a loved one has let you down in some unexpected way. Like any good, strong relationship, there is a foundation of trust that, when broken, results in a breakdown of communication, divorce even.

> I can't really accept [my body] because it makes me feel like crap every day. It makes me wish I was thinner, I wish I was this or I wish I was that. And I get so resentful of my body 'cos why do I have to focus on you all the effing time?

Struggles with maintaining a particular or ideal body weight becomes a full-time job. It lasooes your mental and emotional capacities and demands your full attention. The body has to be reined in, micro-

managed, consciously controlled. Like a rider on a runaway horse, it must be tamed, brought to heel, pummelled into submission. There is a sense that 'it' can't be trusted, left to its own devices. The body becomes a responsibility, a trainee that requires constant supervision and monitoring. At the same time, you are at its mercy, tied, harnessed, trapped, imprisoned even.

In ordinary life, the body is 'passed over in silence' (passé sous silence). Bodily engaged in the world, we cease to notice it; we take it for granted; we fail to pay attention to it as it is not an object for us, but a means of our subjectivity' We encounter the world with and through our bodies and it Is only when the body calls us (through pain, malfunction , ill-ness or discomfort) to attend to it that we begin to class it as a different entity, an object. The body can become estranged to us in this way. It can seem cut-off, distant, alien, foreign. The body can be felt to possess malevolent intent, attacking the person, killing him or her even. The body stands between the person and the goal. It is prohibitive, standing in the way of a person's being-in-the-world, impeding Dasein. The body is the sine qua non of Dasein, both facilitating and limiting possibilities of being. There can be no Dasein without a body. In the same way that existence precedes essence, so the body precedes Dasein.

(3) A burden on the body

Maternity is a vulnerable time; It is difficult to relax when there are so many bodily risks to encounter. The body is unpredictable in its pregnant state, we cannot directly 'know' what is happening. We may feel different sensations that are new and perhaps unsettling. The belly is not transparent, we are left wondering, what was that twinge or that sensation? Consistent monitoring by doctors and hospital visits/scans may alert us to the elements at risk – we are screened for risk, labelled 'high risk' or 'low risk'. Risk is ubiquitous in pregnancy. The constant physical and hormonal changes and fluctuations that seem so out of our

control perhaps render the experience worrisome, uneasy, awkward, tense, ill-at-ease, strained, troubled:

> I suppose it's not just the uncomfortable side … there are so many things that potentially can go wrong.

Worrying during pregnancy robs us of the ability to feel excitement. We then feel guilty that our response to our embodied state does not match that of other people and it makes us question ourselves. When you are the one carrying the baby, you have sole responsibility for its well-being, you are the guardian, the creator, the nurturer. Freed from any responsibility, others are able to enjoy more positive emotions such as joy and excitement. The mother, on the other hand, has more weighty concerns. Being pregnant does not guarantee a healthy baby – pregnancy is a long, arduous road full of obstacles:

> It's almost like everyone else is really excited for you but you're the one doing the worrying and sometimes it makes you feel like I should be feeling better about this, but you're not 'cos you're worrying about what you're eating and you're worrying about is my baby moving enough, is my baby moving too much, you know? There's so many different factors that can go wrong.

Nothing is guaranteed in pregnancy. Nothing is stable or predictable. This can create anxiety which is heightened where the mother-to-be doubts her body's ability to cope:

> I never thought my body would be able to do it and then it started doing it and I was like, am I going to be able to do it to the end?

Celeste exists in a state of constant bodily vigilance regarding her physical and biological functioning, with heightened self-monitoring. Her body becomes something to be observed and managed, it no longer accompanies her like a silent partner, no longer *passé sous silence*, but calls her to attend to it. Her body is no longer a taken-for-granted body.

> … there's a general feeling from everyone around you of, oh my god it's so exciting, I can't wait till you have your baby and then you're thinking ok, yeah, that's great, but I still have to give birth to it and he or she still has to be here and be fine and there's lots of stuff to consider.

Having announced the pregnancy, significant others become invested in its 'product' – a perfect baby. This was experienced by Celeste as an obligation to deliver the goods, to meet the mark, pass the test, perform as expected. There was no room for mistakes. This pregnancy belonged to everyone who was a priori anticipating a positive outcome and Celeste was at pains not to let anyone down. She felt reliant on her body to bring this to fruition:

> It's almost like people's anticipations and excitement then become the burden on the body to a certain degree, and you're like, "don't go wrong now!"

This 'burden' infiltrates all areas of Celeste's life, becoming her primary focus. So much time and energy is invested in the project of body management and performance, with deep frustration ensuing when the body displays its own autonomous functioning, a biological independence, an extra-mental intelligence:

> I was like "stop being a pain in the arse and do what's required of you! I've treated you well, I've done the exercise, I've lost the weight, I've ate well, I've monitored my blood sugar five times a day, I've passed on every bit of cake going…"

Celeste's relationship to her body is one of master and servant and she finds it difficult to accept that she is not completely in control of her life and her destiny, that she is reliant upon this temperamental, faulty, broken machine.

> There are times when you are frustrated that you feel completely detached from it and my body is a complete different entity and

> you're like "stop doing this! Just be normal for once. Just do something right, it's not that hard!"

On top of the pressure to do it 'right', there are also myriad physical complaints that plague the pregnant woman, complaints that interfere with ordinary day to day life

> It was hard work. It was uncomfortable and I had terrible acid reflux as well and towards the end he was pressing down on the nerves in my hips and I had sharp shooting pains down my leg.

(5) The body is a thief

For Celeste, who had shed six stone in preparation for having a baby, pregnancy was the experience of getting 'fat' again. For her, not 'looking' pregnant meant foregoing many of the advantages of pregnancy, such as positive social commentary, increased perceived body functionality, heightened meaning and an increased sense of social connectedness (Clark et al., 2009):

> because a lot of my weight sits around my mid-section, when I got pregnant I didn't appear pregnant for a long time … I felt I had to tell people. I didn't want them to them to think, oh, she's just fat again.

This resulted in a negative body image which undermined the pleasure, inherent for some women, in their changing body shape and size. Pride, satisfaction and showmanship are all lost to the woman whose body doesn't fit the pregnant template:

> You know the way some people do bump pictures? I didn't do bump pictures, which I regret now! I really regret it! I refused to do bump pictures. There are no pictures of me pregnant.

In not attending to the body in its pregnant state, in overlooking, ignoring and hiding the pregnant body something fundamental gets lost. The

experience feels incomplete and there is a deep sense of loss and remorse. Not recording bodily changes is almost like a punishment to the body, a refusal to look, take notice or accept the physical form and certainly a refusal to admire or congratulate the body's work and achievement:

> I didn't take a bump picture and sometimes I look at other people's bump pictures and I feel jealous – I didn't catalogue that part of the experience … I didn't catalogue it because I just couldn't even face it.

What Celeste couldn't face was her feelings towards her unchanging pregnant body. In an attempt to protect herself from these strong emotions, she blocked her body off, cut it out of the picture (quite literally), denied its existence, pregnant in her mind but not in her body. She couldn't 'face it', so she looked away, hoping others would look away also. Feelings towards her body were difficult to bear, resulting in negative feelings towards her self and undermining a sense of self-efficacy and positive self-esteem. The cost for Celeste was high:

> I just felt really big and, yeah, just made me feel like I can't even look pregnant properly. My body can't even do what it's meant to do, like it's meant to look like *this* and it*'s not* even looking like that. It wasn't even fulfilling, not fulfilling 'cos it's not like it had to fulfil a role, but it's almost like if you were to draw out the template, a silhouette of a pregnant woman, I'd be nowhere near that. So just again feeling resentful and a bit of a failure again – you can't even look pregnant properly – you just look fat at all times.

Being overweight, not conforming to a pregnant silhouette is experienced as not meeting socially expected 'norms'. There is a 'fixed' image of how a pregnant woman should look, a template that is used to assess women's competency as mothers-to-be. A body that has missed the mark is found wonting by the woman herself. To not conform to a certain body image is to fail. The body has performed poorly, it is inadequate, defective, a let-down, an embarrassment, an excuse of a thing. The

image of pregnancy (the bump) matters more than the biological process of pregnancy, the formation, growth and nurturing of a foetus that takes place internally, unseen, unwitnessed. The real work of pregnancy is little comfort to the woman without 'the bump'. Pregnancy is as much a social performance as it is a biological event. To be pregnant is to 'look' pregnant, to be regarded as pregnant, perceived, noticed, validated, witnessed as pregnant. It is as much an outward as an internal project. How a pregnant woman feels about herself and her pregnancy is affected by how she assumes the world is assessing her – has she passed or failed? Is she worthy or unworthy? Is she a 'real' pregnant woman or a fake?

The body then becomes the attacker, the enforcer, the frustrator of desire, the uncooperative partner in crime. It withholds, frustrates, denies, punishes, stands in the way, obstructs.

> So almost again that resentfulness towards the body, you know? "Can you not give me that one little thing?" It's almost like you see it as a separate entity … and you're like, "why are you being this mean to me?"

In order to have the experience of pregnancy, it is not enough to be pregnant but you have to be *seen* to be pregnant. Wearing maternity clothes is instrumental in this, clothes that enhance the pregnant form and produce a pregnant silhouette are part of the experience of being pregnant. Maternity clothes safeguard against looking 'fat' and establish a positive pregnant identity. The body's shape is therefore intrinsic to the success of the positive pregnant experience.

> I'd kept quite a lot of my bigger clothes so as I got bigger I just moved on to my bigger clothes, but they weren't specifically clothes I'd bought for pregnancy – they were clothes I'd worn before when I was bigger, so that revalidated the experience in the way that, you don't look pregnant, you just look bigger again!

Just as in pregnancy, overweight women in the post-natal period can succumb to feelings of inadequacy, bitterness, loss and self-comparison. The body in some ways is expected to keep the score, emerge triumphant from child-birth with warrior stripes or war wounds – symbols of victory, success, bravery, markings of a right of passage to motherhood. Bodily markings are the spoils of birth and pregnancy is writ large on the belly, breasts and thighs – outward signs of internal accomplishment, creativity and maternal effort. For overweight women, these fleshy reminders may be imperceptible or indistinguishable from the previous remnants of weight loss and gain and this absence of the physical documentation of pregnancy and birth is interpreted as yet another sign of bodily failure and experienced as personal loss:

> . . . and I was, as in physically, as in weight-wise as well, so far as the actual by-product of pregnancy that some people hate, like the wobbly tummy or the stretch-marks, I already had all of that and it wasn't any worse. I didn't have anything new – like the way some women wear their stretch-marks with pride and "oh I love my mummy tummy, it means I've given birth". It was a case of, I don't even have that because I can't say this stretch-mark is because I was pregnant with H. There's no physical evidence to a certain degree that I had a child.

Preoccupation with her body, with issues around weight, functionality, image, shape and size during pregnancy and in the post-partum period rendered Celeste once removed from the experience of becoming a mother. Feelings of discontent with body issues and the ensuing battle to regain an ideal physical appearance, can all interfere with the immediacy of the experience. The body gets in the way of enjoying the process of creating a new life and this can lead to feelings of regret for a lost opportunity, remorse for a missed experience. Not being fully involved in the experience bodily, as lived, because of feelings of separation from the body, because of becoming the observer of the body rather than an embodied subjectivity, flavours the post-natal period with a longing for re-connection to a bodily process from which we became detached.

> Looking back, I feel like it passed me by. I feel like I didn't appreciate it as much as I should have.

(6) A different pecking order

When you are a new mother, it is difficult to find the time to attend to your own needs. The taken-for-granted ability to satisfy your own physical needs are all displaced and claim a different perspective in this new world order. Although still aware of the body's needs, now there is a new focus and your own body is lost in the care of another's. Not having the time and the capacity to focus on feeding yourself well, your energies directed to the nurture and care of your new-born, the body is no longer under your conscious control. There is a sense that the unruly, messy, leaky post-natal body, left to its own devices, soon threatens to spiral out of control. The slender, well-toned bodies, such as you see in celebrity magazines, take effort, time, management and energy to perfect the 'look'. As a new mother, the body is coping already with a heavy workload – biologically there is a lot going on and internal organs are gradually settling back into place or shrinking back to their original size. Hormones are in flux. Precisely at a time when a woman may need to attend to her body the most, she is physically and practically limited in her capacity to do so.

> After I had H., the weight slowly crept up 'cos you're so sleep deprived and it's such a big impact on your life that everything has a pecking order and the diet was low priority and it's a case of, whatever you're cooking, I'll eat and whatever the quickest thing to do, and so you don't really have the time to think, right, how many calories have I done?

The inability to control your body after birth through exercise and dieting is a double-edged sword. On the one hand, you have an excuse – no time, lack of sleep, demands of a new-born, breastfeeding – but on the other, there is a constant knawing at the back of your mind that, at some

point, your body, your mis-shapen, over-sized body, will need to be dealt with, taken in hand, reeled back in, controlled. It is impossible to forget the body, how it feels, how it moves, how it fits in its clothes, how it looks in the mirror. There is an awareness that you are in an ever-present embodied state of imperfection and incompleteness that can be interpreted as a loss of control.

> You gain control in the way that your body looks, but you lose control in a different way, you lose control of the life. In a way the past twelve months have been liberating because I don't have to count those bloody calories, but body-wise it's taken me back to feeling – it's every day, I think, I really need to do something about this!

This is a nagging concern, a vague post-it note on the edges of consciousness that is never out of view. It wakes you in the morning, accompanies you throughout the day and sees you off to sleep. It calls you back from any place of peace, pleasure, emersion in joyful activity, reminds you not to get too comfortable, relaxed, happy. It says 'you have to do something about this!'.

> Researcher: So it's a constant voice in your head?
>
> Celeste: Yeah, it's constant, be it from the time you get up, from picking out something from the wardrobe and then putting it on and thinking, oh this doesn't quite fit from how it used to, to gauging whether you can fit through a space at work, or gauging how far away, you know, it's so many things.

Dissatisfaction with body shape and size during pregnancy, having been mediated and made more acceptable by the belief that bodily order and control will return as soon as the body has completed the project of pregnancy no longer applies. The disorientating and sometimes overwhelming effect of a new-born on day-to-day life can shatter any self-

made promises to take charge of diet and fitness regimes, even for the most self-disciplined and motivated of women.

> For example, for the past twelve months since I had H., it's been a case of everything goes on a priority list and the strictness and the control, I had to let up on it.

But the need, or desire to loose weight, to regain a particular or prior body shape or size, the longing to fit into pre-pregnancy clothes again, to feel back to normal and in control of the body percolates through every waking hour, an ever-present phantom reminding you constantly that you mustn't relax or let go of the reins. This internal reminder reverberates with each lift of the fork, holding consciousness to ransom – you are not free to enjoy yourself or be open to life's pleasurable experiences until these jeans fit you again, or until the scales read a certain weight, or until, until … Free flowing interaction with the world is halted, on hold, hijacked by our inability to accept the post-natal body we live in.

> Every time I did have that food I was thinking, this is just adding more weight, this is just adding more weight, this is just adding more weight. And I'm weighing myself every day which is stupid and you shouldn't do it, then I'd weigh myself and say to my husband, oh that's another two kilos, oh that's another 4 kilos, oh that's another six kilos and you just weight yourself every day and it becomes that constant thing in your head and it almost stopped me enjoying the newborn experience to a certain degree.

I can't go through that again

Celeste experienced pregnancy and childbirth as 'extremely traumatic' and has difficulty contemplating a repeat performance. She is therefore alert to the feeling differently from others:

> Why am I not feeling like that? Why am I not wanting a baby straight away? Is my body not doing the right thing again?

There is an awareness of a socially perceived abnormality in Celeste's lack of desire for more children, and again self-doubt, questioning her own responses and impressions, undermining her confidence as a mother, pre-empting society's criticisms and disapproval. Feelings of having been let down by her body, whether through biological or physiological 'complications' or changes to body shape and size, leave Celeste feeling vulnerable. There is a marked lack of trust in her body's ability to support her throughout another pregnancy:

> … towards the end of my pregnancy my kidneys started to fail and I actually had quite a bizarre birth because my kidneys started to fail, my blood pressure was really high and the doctor was really worried as to why I hadn't had an aneurism yet.

A line had been crossed, bridges burnt, communication broken. The experience of dis-embodiment is so fundamentally frightening and isolating an experience that the idea of having another baby, of subjecting herself to this experience again is too much of a risk:

> It's a case of, do I really want to go through that experience again? I think, I've already tested you and you didn't do very well, that's how I feel about it.

Celeste draws this analogy:

> [It's] almost like, you're walking across a bridge thinking, are you going to hold my weight? And then you walk across it and half the boards fall through and then you go, do I really want to go back over them?

This is beautifully evocative of Celeste's precarious embodied state and the fear and insecurity inherent in living in a body that has become over burdened with the demands of pregnancy. The body is perceived as an untrustworthy, albeit necessary, accomplice in the project of having a baby, a means to an end rather than a journey in itself. This is a broken body, a body weakened irreversibly by the physical exertion of pregnancy

and birth. This broken bridge, this precarious and unpredictable body is the product of maternity, unquestionably and irreversibly changed.

It's a case of it *can* go wrong, it *will* go wrong, it *has* gone wrong!

Celeste has to justify to herself and to society why she does not want another child. It is as if her bodily experiences during pregnancy and since the birth have been discounted, unacknowledged. Her physical suffering and insecurity, the risk of her body not supporting her again, is neither here nor there to others who assume that the mother's body is merely a means to an end, an uninhabited baby-making machine. For Celeste, having a baby isn't a natural, taken-for-granted, biological event that is overseen and managed by her own body, but something that requires her full and uncompromising commitment to body management and control:

> *I* made Hugo, and as arrogant as it sounds, *I* made Hugo. *I* lost the weight. *I* spent six years planning to have Hugo. *I* did the research. *I* stayed up till three o'clock in the morning to attend webinars online with fertility experts. *I* took the prenatal vitamins. *I* controlled what I ate. *I* laboured. *I* gave birth to Hugo. *I* made Hugo.

APPENDIX J

CHARLOTTE

I didn't expect this!

The embodied experience of being pregnant, for Charlotte, was characterised by two over-riding negative sensory perceptions – how she felt in a bloated, ill-fitting body that subjected her to relentless physical demands and bodily rituals and how she felt in a body that harboured an unknown living creature twisting and turning deep within her insides. To be pregnant for Charlotte was to feel out of control of her own body, taken over by a being with a bodimind of its own, both a part of her and yet fully separate, as if living and breathing by its own volition. To be pregnant was to experience her body expand rapidly and uncontrollably, outgrowing her and leaving her behind, watching in horror at the ever increasing changes and demands of a body she no longer associated with and no longer felt at home in. She found herself at the mercy of novel and multiple bodily demands. There was no getting away from this engorged, heavy, incommodious body, no time off from its biological neediness. To be pregnant was to be biologically harnessed, yoked to another, physically tied, spacially and temporally limited, confined to a thirty-eight week sentence:

Charlotte: I hated being pregnant. Absolutely hated it!

Researcher: What was it like for you?

Charlotte: I just, I mean I've never been slim, slim, I was a 12-14 kind of slim and to be fair my bump wasn't even that big, but I just felt *huge* and I just felt really uncomfortable and I hated – and it feels awful, but sometimes I didn't like feeling him moving inside me, it freaked me out a bit, I was like Ooohh My God! And because I felt like that I thought Oh God what if I don't bond with him when he comes out 'cos I just *hated* how I felt and I couldn't get comfortable and you know, the constant going to the toilet and how tired you felt and I was borderline pre-eclampsia as well, so I was in and out of

hospital quite a bit.

Charlotte felt taken aback by her actual lived experience of pregnancy, which was so discordant with her conveived notions of what pregnancy would mean. The thought of pregnancy, the image of pregnancy, socially accepted versions of what a pregnant mother should feel, were all at odds with the fleshy reality of being in a pregnant body. Her expectations and assumptions were that this should be a positive experience, a wonderful experience even. Pregnancy should be good for her, beneficial to her sense of well-being, complete her in some way. This should feel natural, wonderful, right. She was excited, expectant of a particular kind of experience, an experience she felt she didn't 'get'. The embodied reality of pregnancy, when seen through a fleshy lense threw a different quality of light on the experience – a more concrete, visceral, palpable, tacit hue. She experienced the growing of another as also her growing. She was no longer a separate entity but two bodies in one and this dissolution of boundaries between self and other, the bluirring of physical separateness between me and you felt unsettling, errie, difficult to put into words:

Charlotte: ..And funnily enough, you know, everyone thinks, oh you're going to *love* being pregnant and you're blossoming and you're blooming and ..

Researcher: Is that what you expected?

Charlotte: Yeah, definitely. I expected to love it and love every minute of this, but I didn't at all.

Charlotte experienced her body as something to be suffered, managed, monitored. The trials of pregnancy and birth were perceived as life-changing ordeals, severing all ties with a prior body, a prior life, a prior identity. Unexpectedly, motherhood was a one-way ticket that ushered in a new world order. The cost of motherhood was high and she feels she traded in everything she knew and liked about herself for a beautiful, healthy baby. She struggles to accept and fully embody this new self that maternity has left her with. For her,

the price was high and the experience impacted her in such a negative way that she cannot contemplate putting herself through it again:

Researcher: Would you like another baby?

Charlotte: No way. No way. I don't want to go through any of that again. None of it. None of it.

I'm all yours

Certain medical conditions during pregnancy require constant vigilence and monitoring. For Charlotte high blood pressure throughout her pregnancy and resulting pre-eclampsia saw her handing her body over to medical professionals who took over responsibility for her and her baby's 'progress'. Charlotte is ambivalent about her 'high risk' status. Constant hopsital appointments are intrusive, time-consuming and frustrating, but also reassuring. She can take nothing for granted and is grateful for the opportunity to be monitored, but she also feels that her body is no longer her own and that she is at the mercy of others to decide what she does and doesn't need:

Researcher: So there was a lot of monitoring of your body?

Charlotte: Yeah loads.

Researcher: What was that like?

Charlotte: It was nice, it was quite reassuring, but then towards the end I was just getting really frustrated 'cos you just kind of felt like a guinea pig 'cos they couldn't make their minds up, so I was in every other day to be checked for my blood pressure, which is good, 'cos they're doing their job and if something went wrong, obviously.

Researcher: So maybe it felt like your body wasn't your own any more?

Charlotte: Oh absolutely, yeah, definitely.

For Charlotte, childbirth was experienced as a risk to her physical and biological integrity. What was primarily assumed to be a 'natural' process, a phenomenon

the female body is designed for, descended into a downward spiral of medical intervention and vital organ failure. Risk to the life of both mother and baby became very real. The birthing body, viewed as a liability, was taken over and managed by medical staff, the birth itself becoming an operation. Charlotte felt lost to her body, separated, powerless, out of control. Displaced, she looked on, awaiting her bodily fate, her well-being quite literally in the hands of others:

Charlotte: When I was in theatre they wanted to take me to intensive care ‘cos my heart was doing ectopic beats and because my kidneys and liver had started to fail when I was in labour and they were going on about putting needles in my neck and things and that freaked me out.

After a surgical birth, normal every day, taken-for-granted physical activities and bodily functions become unmanageable or impossible. The immediate post-natal period is characterised by pain and loss of personal agency. The ability to carry out even intimate, personal tasks and tending to your own bodily needs is temporarily halted. Pain, discomfort and loss of function can render a new mother literally incapacitated, reliant on others for even rudimentary functioning. This can be experienced as shameful and exposing, intrusive and deeply unsettling. The body after childbirth can be experienced as public property, but it is not only the body that is touched, monitored, pierced, poked and prodded, but the very woman herself who experiences bodily administrations as intrusions into her very sense of self. The body, so intrinsic to our sense of self, loses all its boundaries – it no longer protects us from the encroachment of the other, it is no longer our own. Without it to shield us we are naked, raw, fragile. Our bodies do not exist in a vacuum – what is ‘done’ to our bodies has an immediate and direct affect on how we experience ourselves, how we interpret our world and who we understand ourselves to be. Ordinary social rules around intimacy and touching are displaced within a hospital setting. To feel at the mercy of the other, not knowing what will be ‘done’ to you and feeling robbed of the right to say ‘no’ is disabling and frightening

Researcher: Can you remember what was going on in your body, from having the baby?

Charlotte: Ah, so much, yeah, that was awful. I had to be wheel-chaired everywhere and I still had a catheter as well for about a week … and just getting up and down was painful. And it was embarrassing 'cos the second day I had to have a bed bath and this woman had to come and wash me and I was like oh my God!

Researcher: What was it like to be washed by someone else?

Charlotte: Hated it. Absolutely hated it. I just remember thinking hurry up! Hurry up! Hurry up! No, 'cos that's all your private bits! And oh my God, I was mortified. I just wanted to be doing this myself … having someone wash me and doing stuff *down there*, I was like Oh my God! … And all these strange people coming up and I know they're doing it for your own good, but I just found it really intrusive, I was like, Oh my God!

Charlotte felt bombarded by constant and consistent attempts to monitor and 'fix' her. The physical and emotional experiences of childbirth have a unique quality and the needs of post-natal mothers are so specific, that taken out of physical environment of the maternity ward, Charlotte felt unsettled, overwhelmed and displaced. Separated from her baby for necessary medical procedures caused great distress and anxiety. Catapulted out of her comfort zone, her post-birth body seemed out of place in a different environment. She felt unprotected and exposed as an 'ordinary' adult patient. The culture and atmosphere of the maternity ward seemed familiar, safe, protecting, a parallel universe where the physical and emotional after-effects of birth are not only acceptable, but considered normal. What happens on the maternity ward stays on the maternity ward. This 'band of mothers', this closed, secret sect, this graveyard of prior identities, the maternity ward is a transitional space. It symbolises the unknown, a twilight zone, a rite of passage. We leave our bodies at the door when we enter and pick them up when we leave; we enter whole, full and leave emptied. In between we give up our bodies to the project of maternity. We enter a woman and leave a mother. Our old selves are left behind with the physical remnants of our bodies – blood, amniotic fluid, placenta, umbilical cord. The lived body that walked into the maternity ward is

transformed by birth and we emerge with our babies altered, changed, metamorphosed.

Charlotte: They weren't very happy and they said that because I'd refused treatment and because I was having these heart issues and blood pressure issues that I had to sign a form that allowed them to wake me every hour on the hour in the evenings to make sure I was ok. So in some respects I was worse off because I was so tired. I was getting so stressed out with them constantly coming in and telling me I've got to have this, I've got to have that and then they wheel-chaired me from maternity all the way through to where the ante-natal clinic is *in my bloomin' gown*! Feeling a bit, you know, really sore and you're bumping over everything… and because you'd been in maternity so long I was a bit like, my head was spinning, proper spinning. I was thinking a) I don't want to be away this long from my baby and b) I'm getting a bit freaked out because I'd been confined to maternity for so long.

Charlotte felt that what was 'done' to her body whilst in hospital was done without consideration to what it felt like for her and what it meant to her as a person. She was not viewed as an embodied being, and the body was conceived of as inanimate, an object under investigation rather than *lived*.

Charlotte: I felt they were just going through the processes and not really thinking of the effect it was having and not really thinking it through.

Get off me!

Even early on in the pregnancy, Charlotte became self-conscious about her body. She felt she needed to shield herself from others, guard her body from intrusive and distressing attention. She was aware that her body was no longer her own, but had become public property, an open viewing accessible to all. The 'bump' drew attention to her body in an unwelcome and unsolicited way. She had no control over how she was viewed or perceived or responded to.

The usual social rules about touch did not apply to her swollen belly. No permission was required to approach her body and place their hands on it. This she experienced as inappropriate, overly intimate and intrusive. The feeling of another's hand on your body, the sensation of hot or cold, clammy or dry, tickly or rough was unsettling and disturbing. She experienced a strong negative reaction to being so visible and accessible. What had always been a vulnerable part of her body, the seat of her bodily self-consciousness, the part she always tried to hide was now announcing her, introducing her, defining her, erasing her. Disempowered by the bump that outshone her and unable to reject their advances without seeming rude, tetchy or neurotic, she played along with the game, reluctantly offering up her belly to the masses.

Charlotte: I didn't really like it 'cos I was conscious of people looking at your tummy and wanting to touch it all the time. And I hated that. I hated people going anywhere near me, I was allergic. I was whoaaa!

Researcher: Because if you weren't pregnant ..

Charlotte: No-one would DREAM of going like that to you but when you've got this bump people think they can go like this [demonstrates being rubbed on the abdomen]. I hated it … especially my mother-in-law always wanted to touch it and I didn't like it. I really hated it.

Sensitivity to her body being looked at or touch heightened and intensified after the birth, extending to include her sexual self which she felt went missing in the post-natal period. She is unable to contemplate physical, bodily intimacy, feels her body is no longer desirous, sensual, sexual. The idea of sex becomes abhorrent, inconceivable in her current physical state which to her is unacceptable and unbearable:

Researcher: You said that when you were pregnant you didn't like the feeling of being…

Charlotte: Oh I hated it.

Researcher: And what about afterwards?

Charlotte: Even more. I hate my body *so* much now. Absolutely hate it. And to the point where me and my husband are trying to be physical and I'm like NO!

Charlotte cannot exist freely in this body. The freedom she used to enjoy in her own skin has gone. The unselfconscious, open body, the body capable of giving and receiving pleasure is now shut down, disengaged, imprisoned in her own skin. Her bodily changes have altered her intentionality, her way of being in the world. She has turned inward, just getting by, not fully inhabiting her body. Although spacially she feels bigger, bodily she is reduced. Her body is a no-go area, neither for self-enjoyment nor for sharing. Only her baby son, who doesn't notice or judge her shape and size has access. Her own assumptions and beliefs about what it means to be overweight and what it means to have a certain body shape and size restricts her way of being in her body and so she cuts it out of her life as much as possible, cuts it out of her husband's life and they both struggle as they try to relate without her embodied self.

Charlotte: It's caused a massive wedge between us because I hate being physical with him and – he's brilliant to be fair, he says I love you the way you are, it doesn't make any difference to me if you're a slim size or a bigger size.

Researcher: So he finds you attractive and sexy.

Charlotte: Yeah, and he still wants to be physical with me, but I hate him looking at me. We used to be very open, we'd walk around in the nude and now I'm like Oh no! And I never used to wear jammas in bed but now I wear jammas and if I know there's a time when he wants to be physical I'll keep my bra on so he can't get to my boobs. … We did used to be quite physically active and now maybe once a month and I hate every minute of it and I tell him that and he knows exactly what it's about – all these bloody rolls of fat! And I hate that I'm pushing him away but I can't BEAR him touching me.

What Bump?

As Charlotte's shape changed and her normal clothes started to tighten, she found herself resisting the pregnant shape, trying to downplay rather than emphasise her bump, ignoring and resisting a pregnant identity. Wearing maternity clothes served to advertise her maternal state, singled her out as different from other women, special maybe, more vulnerable, fragile and at risk. Her pregnant form advertised her status as a sexually active woman, a woman who had been 'caught and tagged', a woman 'ensnared by nature'. In public she was sensitive to the gaze of others as their eyes were drawn to her protruding abdomen, sensitive to what this said about her, how she was being perceived, interpreted. For her there was an underlying, half-formed concern that a pregnant woman 'scares children who are proud of their young, straight bodies and makes young people titter contemptuously because she is a human being, a conscious and free individual, who has become life's passive instrument' (de Beauvoir, 1949[1976] quoted in Hird, 2013:1). Charlotte was resisting this image of herself, attempting to dodge this label, denying the pregnant silhouette lest it usurp her very identity as an autonomous Being-in-the-world, no longer 'Charlotte', but 'pregnant':

Charlotte: I was still trying to fit in all my old clothes, my skirts, with an elastic band. And then someone said to me, when are you going to start wearing baggier clothes and I'm like, em, ok!

Researcher: So there was resistance there to getting maternity clothes? What did you think of them?

Charlotte: I hated them!

Researcher: How did you feel when you were wearing them?

Charlotte: I just felt really like I might as well be walking around shouting 'I'm pregnant!' Even though I had this great big bump!

Researcher: But you didn't want to identify with being a pregnant woman?

Charlotte: No, not at all.

Researcher: Was there for you a loss of a particular identity?

Charlotte: Yeah, yeah definitely. I thought people thought more of the bump than they were looking at me.

Charlotte's pregnant body evoked in her reactions of disgust, embarrassment, rejection and shame. The pregnant self was an unbearable, unacceptable self, not fit for personal or public viewing. Pregnancy exposed her greatest vulnerability and fear – being 'fat'. She struggled to embody this bloated, uncomfortable body that smothered her and robbed her of bodily self-esteem. She refused to acknowledge herself, to accept her existence as a pregnant woman, to register and connect with her embodied pregnant subjectivity. She turned away from the physical changes in her body, denied and ignored them, keeping her body at arm's length, too frightened to contemplate what this new body might mean. In an apology for her own body she attempts to cover up, hide her shape and form, become invisible to the gaze of the other:

Charlotte: I wasn't massive, massive… but I was still really conscious of it

Researcher: What were you conscious of?

Charlotte: Just that whole, 'cos my legs went massive 'cos I was carrying a lot of water and my feet went huge, just hated it … I wouldn't look – didn't like looking at myself in the mirror

Researcher: And in public?

Charlotte: yeah, I'd always try and wear really baggy things.

The other's gaze, when focused on our body robs us of our subjectivity and makes us feel like an object. We respond to the quality of the gaze. Charlotte reads disapproval into the look of the other, it is a critical eye that looks upon herself in the mirror and a critical eye that appraises her in the street. Her very sense of self as worthy is captured in that look and denied existence. Her expectation is that she will be evaluated in a negative way and fuels a negative appreciation of her own body. When we are noticed in a perceived negative or judgmental way, it affects the nature and quality of our intimate appreciation of

our own embodied being. It is not just our body that is called into question or found wanting but our very self.

It's not about me any more

Becoming a mother doesn't happen at the birth of a baby, but involves an internal shift of perspective that allows for the concept of the foetus in the womb as a separate, autonomous individual who is both entirely dependent on you while retaining the status of otherness. No longer an extension of herself, an intrinsic part of her, the foetus emerges into view as real rather than imagined, a whole person rather than a picture, tied to her, but not the same as her. In this moment of realisation you could say Charlotte became a mother; she chose motherhood, accepted herself as two whole bodies in one. There is an internal shift of focus, a surrendering of will, an embracing of responsibility for another Being. The body becomes both yours and also fully at the disposal of another. The body, now a means to an end, a vessel to house and protect this other, is freely and consciously gifted to this unknown, yet known, individual whose heart-beat depends on the beat of your own. The needs and wants of the mother become subsumed under the needs and wants of the unborn baby. In that instant she is no longer a being-for-herself but becomes in an embodied way a literal being-for-another. Any sense of self-importance disappears and she gives up her body and any rights she feels over it for the use and benefit of her baby. She can no longer be the same person – this alchemical process has changed her self-perception and her identity. Motherhood is understood and accepted as a one-way ticket to a new world order wherein the body of the baby takes centre stage. Charlotte's midwife, having shone a metaphorical torch on the baby inside the bump, facilitated this shift and inaugurated the creation of both a mother and a baby who in that moment were both existentially born:

Charlotte: And then the midwife said to me, it's not about you anymore, it's about the baby. And I was like, oh actually that's quite right and I thought, actually, I'm being really selfish and then it was her saying that that changed me and I thought, actually, yeah, I'm going to have to start considering that I'm going to have a baby.

Researcher: So there was a shift then, in that the baby became more important than you?

Charlotte: Oh God yeah, definitely. Never worry about me – I've got to protect and look after this little baby!

Charlotte's priorities had changed. Now a mother, her own health and physical wellbeing faded into insignificance. Faced with fears and worry after the birth about her ill new-born, her own failing internal organs, her heart, liver and lungs, so vital for her own survival, seemed unimportant. All her energy and focus was on the baby's health and her own body ceased to matter. Attempts to monitor and care for her were nothing more than an interference with the project of being a new mother. Rather than the experience of being cared for, she had the experience of being intruded upon, physically battered and bruised. Rather than the feeling of being nurtured and supported, she felt depleted, chipped away at. Her vital resources, her very life source was being syringed from her body. This was not fulfilling her needs as an embodied mother – to 'treat' her body as separate from the reality of new motherhood was experienced as little more than an intrusion. Looting her body of vital resources, depleting her of her very life force, robbing her little by little, she felt she had nothing left to give:

Charlotte: I was really, I was quite ill… they wanted me to be monitored from intensive care and I just said, at the moment my priority is making sure the baby is well, and I said, you know, you're coming in and you're poking me and you're prodding me and every couple of hours they were coming in and taking blood until the point where my veins completely collapsed. *They couldn't get anything else out of me.*

Charlotte was decentred towards the other, her baby. This self-forgetful experience of the vulnerability of her son's lived body shifted her attention. She experienced a shift in relation between her self and her baby wherein her self was erased (passed by) in the ethical experience of the vulnerability of her son's embodied subjectivity. In that moment she was no longer at the centre of her existence, her body now in the service of the Other.

Being with-out the body

Charlotte: … so I was just having the gas and air and then by half eleven I was in so much pain at night-time so they took me through to the labour ward and then they gave me the epidural then….. So painful. I've never known anything like it in my life.

Researcher: What did it feel like that pain?

Charlotte: Horrible. I just felt so out of control of my body and even having all these drugs. I literally had every single pain relief you could think of… You're in so much pain you can't get comfortable and then my kidneys and liver started to fail so they put a catheter in …. So then I was getting pains there and then I started being really sick…I was scared, just thinking, because I was in so much pain, I thought the baby was going to be suffering in some way and I didn't want him to be in any pain.

Laid Bare

The physical position during labour of being on your back with legs in stirrups evokes strong emotional reactions and feelings of passivity, vulnerability and powerlessness. There is a feeling of having given up your body, of no longer having any rights over it. Your body has become a free-for-all, an open house. Spread out, literally and metaphorically naked, exposed. What is usually the most private, intimate and sensitive area of the body is laid bare, given over to strangers who gaze upon it objectively as they come and go. To be observed in this way, witnessed in this stripped back state, intruded upon by again and again has far-reaching physical, psychological and emotional correlates. Concern about being defiled or violated, of sexual organs normally reserved for the partner being trespassed by others can stir up feelings of shame, embarrassment or humiliation – literally mortification. To mortify means to destroy the strength, vitality or functioning of something – literally diminishing a

sense of self-worth. There are also undertones of bodily trauma inherent in being internally poked and prodded repeatedly. Physical sensations of discomfort and pain during internal examinations are felt despite pain medication and epidural anaesthesia. There is a sense that the woman in the body has gone missing, that there is an assumption that her body has become dissociated from her mind, that she has been somehow able to extract herself from her embodied reality, as if she does not exist as an embodied subjectivity and what is done to her body will not be fully experienced, fully lived. The birthing body and the woman have been artificially severed but for the birthing woman what is being 'done' to her body is also being 'done' to her:

Charlotte: Because I was in labour for so long and you see all the different paediatricians, you know, you're lying there, your legs are open and they're all coming in and, you know, doing that [demonstrates with her fingers an internal examination] and all the time my husband is sat there and I'm thinking oh my God! He's seeing all these men come along and … but because I'm quite shy I was like, Oh my God, I'm absolutely mortified! And then it was just getting a bit sore and I was like God I don't want any more people putting their fingers up there.

Researcher: What did it feel like?

Charlotte: Horrible. I hated it, it was really sore. I didn't like it at all.

It wasn't for me

Breastfeeding threw Charlotte into a state of confusion about her body. What was it's purpose? Who was it for? Her identity as 'wife', as a sexual being, was challenged by notions of using her breast for feeding her baby. The *concept* of breastfeeding was acceptable, but the actual embodied experience of it, the sheer physicality of it, how it felt to have a baby suck milk from her breast, evoked strong emotional reactions. She felt unprepared for the intimate physical contact with her new-born. Feelings of shock set in and she felt displaced, knocked sideways, nudged out of her comfort zone. She was unable

to deal with her physical reaction to her nursing baby and with the embodied experience of being a breastfeeding mother. Confused about how to marry up self-perceptions as a sexual being and a breastfeeding mother and about how to share her body with two males, both making separate and competing demands on her body, she rejected her breastfeeding self. The sensory experience of breastfeeding felt instinctively uncanny, wrong:

Charlotte: And then after, when I was in recovery, I had the gown on and they pulled it down to there [demonstrates exposing her breast] and they put him on my boob and I didn't like that. I was like Oh no!

Researcher: They tried to latch him on?

Charlotte: Yeah and I didn't like it. I started shaking.

Researcher: What was it you didn't like?

Charlotte: I think I went into shock and I was really, really shaking and I was like, I'm going to drop him, I'm going to drop him, take him, take him from me, I didn't like it!

Researcher: What did it feel like?

Charlotte: It was just, I didn't like it. It just freaked me out a bit. I just remember thinking – I know it sounds silly – but I was thinking, your boobs are for the husband, and I know that sounds silly, but my husband has always loved my boobs and they're kind of for him and all of a sudden I had this baby drinking milk out of them and I was like, no way! I can't be dealing with that!

No time to get my body back

There is an assumption that changes to the body in the initial post-natal period will 'right' themselves over time. Expectations of excess weight, larger breasts, massive thighs and flabby stomachs at first are interpreted as 'normal' bodily responses to pregnancy and birth. What is not perhaps foreseen is the longer-

lasting effects on the body that are the result of changes in lifestyle that motherhood instated. Unable to 'work' on her body due to time constraints, Charlotte helplessly observes her body getting bigger over time and is distressed to find herself weighing more at twelve months post-partum than at six weeks post-partum. Her body does not feel like her own any more, it has spiralled out of control. She no longer identifies with it; it is no longer her image in the mirror. She cannot dress herself in her usual style and the clothes she loved to wear, the clothes that most represented how she felt about herself, her message to the world about herself, no longer seem right. This alien body wears alien clothes. There is an overarching sense of being 'not me'. Not comfortable in her own clothes, not comfortable in her own skin. She cannot accept his version of herself and refuses to look. Tight dresses have been replaced with loose trousers and baggy tops. Her nakedness is unsettling and she cannot allow herself to be desired or touched. Her sexual self has receded, fallen away and without it she struggles to exist as a being-for-others, to share herself. Until the old, familiar, liked, acceptable body returns she is existentially on hold, unable to truly, authentically exist as a fully embodied being in the world. She remains physically unavailable to herself and others. Self-loathing characterises her embodied subjectivity.

Researcher: Did it really change your body do you think?

Charlotte: Yeah, massively. Like after, when I was on maternity leave, in that picture there [points to a photo of herself, her husband and her new baby, all naked from the waist up, she covering her breasts with her arms], after I'd had him I was probably a lot, well I was slimmer than I am now and I've just put on so much weight, but I just don't have time to go to the gym and do anything… I used to go to the gym mornings or lunchtimes and then it was done, but now I've put on so much weight, like none of my clothes fit me.

Researcher: Have you had to buy new ones?

Charlotte: Yeah, I HATE it!

Researcher: Are they similar to what you used to wear?

Charlotte: No, different stuff, trousers. I'm sat in trousers and I would never wear – I've always been in dresses.

Researcher: So it's changed how you feel about yourself?

Charlotte: Yeah definitely, I'm so conscious, like my boobs are massive, they're huge, I hate them! They're still big.

Researcher: You weren't expecting that?

Charlotte: I thought that I would be able to get back into the gym and, you know, get back to my normal size, my normal shape … and I soon realised..

Researcher: So there's no time for you to attend to your body?

Charlotte: Exactly!

APPENDIX K

CLARA

Being with the Body

Birth, for Clara, is an embodied feat of maternal effort, concentration, physical strength and mental acuity, a process that demands her involvement with every aspect of her being. She places herself at the epicentre of the phenomenon of birth; birth is a responsibility, a challenge, a rite of passage. Birth is also a natural event that the female body should be well prepared for, take charge of and 'own'. It is an essential part of motherhood, a mother's duty. There is no place for doctors and medicine, surgery and stainless steel in her understanding of birth.

Clara: I was determined to try to avoid that like the plague 'cos I didn't want it to become medicalised.

Researcher: What were you trying to avoid?

Clara: Doctors!

Clara perceives a negative societal view of childbirth as outside of a woman's capability, beyond her capacity for understanding and managing her own body. This is incongruous with her own experiential knowledge of her subjective embodied potency and agency and there is a sense that she feels she must swim against the tide to be allowed to enact her embodied reality within a medicalised environment. She fears she will fall prey to prevailing assumptions of maternal helplessness, dependency and perceived bodily ignorance. The medical model of the body is based on a concept of an inert body which needs to be managed, rather than an intelligent, dynamic, interactive one. Birthing

women, made vulnerable through pain, may surrender their bodies to the care of strangers.

Clara: I am quite a big believer that it has become – it's a society thing that everybody thinks that it should be this really traumatic event, whereas I actually think it is one of the most amazing things that you can do and your body can do.

The biggest childbirth 'myth' is the propensity of labouring women to succumb to pain and fear. This a priori belief about the project of childbirth entices women to hand over their bodies to medicine to be managed and controlled, convinced they will be unable to endure and cope with the pain. Clara wants none of this. She entered the labouring process in league with her own body, at one with it, fully trusting her embodied competence in the face of physical pain, self-assured, self-contained, committed to managing, coping, trusting. Pain became something to understand, rather than endure, a sensation to welcome rather than fight against. Pain was not the enemy, but an expression of the very process of birth itself which was integrated in a meaningful way into the birth experience.

Clara: I just wanted as little pain medication. I definitely didn't want an epidural if I could avoid it. I didn't even really want any pethidine … so when I went into labour I just had some paracetamol, the TENS machine, was using wheat bags. .. we filled up the pool in here so that was another method of pain control and then, yeah, I just didn't really want anything.

Researcher: So you felt 'my body can do this'?

Clara: Yeah, yeah, that's exactly right, so yeah. I just didn't want them. I wanted just to be left to do – as long as Penny was safe inside me – I just wanted to do what my body could do.

Being in tune with her body and trusting the process of labour for Clara were axiomatic with being in tune with her baby and trusting she could also manage and cope. She was not alone in the birthing process, but very much part of a team. The experience of being bonded with the body inside her body, both fully part of her and yet completely separate, facilitated a deep trust in the rightness, naturalness and wisdom of the birthing process as a 'folie a deux'.

Clara: And I don't know whether because of the hypno-birthing I always felt really connected to Penny anyway, so I was like, right, we're going to do this together now.

The naturalness of childbirth strips it of its scariness and robs it of its potential traumatising effects. Clara understands her body to have been biologically designed for birth, birth being a requirement of womanhood and a fulfilment of physiological and spiritual destiny. She welcomes this opportunity to realise, consummate and satisfy her physiological and engendered identity. Through the process of pregnancy and birth, she is taking her rightful place in the world, her experience of labour facilitating her *becoming*.

Clara: . . . and you know, it's what our bodies were designed to do, it's why we were put on the planet, so . . .

There is a disempowering dimension to medical support and intervention, a sense that inward focus and self-containment may be disturbed somehow by outside intrusions. The presence of medical staff, the promise of pain relief, the threat of surgical intervention all represent a disturbance to an inner equilibrium, a fragile inner sanctum premised on embodied congruence and self-belief. There is an innate need for stillness, for deep concentration on internal events,

for receptiveness to the sensations within the body. There is a tacit 'going with' that threatens to be jolted out of union by having to attend to events with-out with body. The communion with both bodies requires a turning away from external goings-on that pull you away from the unfolding of internal bodily phenomena.

There is an underlying concern that 'they' will disregard what her body can 'do', that 'they' will rush in prematurely and rob her body of its self-efficacy. The normalisation of pain relief to manage labour, the easy availability of relief even early on, could undermine her commitment to herself, lure her away from her inner journey. She needs to shield herself, stay guarded, block them out, stay focused on her own innate knowing, feel in control of internal events as they unfold. Fully immersed in the body, sensations of pain seem manageable. Discord is experienced when physical impulses to 'bear down' are at odds with exterior instructions to 'push!'. Midwifes' observations of Clara's 'progress' in labour did not match with her subjective embodied experience. Her internal awareness of the intensity and nature of the contractions had shifted and she was carried along with the downward motion of her body, almost as if she had no choice. In an attempt to comply with midwifes' directives to 'stop!' she experienced herself as fighting against her body's intelligence and, as if swimming against a strong current, soon found her energy flagging. Exhausted with the sheer force of effort required to hold her body back and halt the process of birth, Clara soon exhausts.

Clara: It wasn't even the pain that was wearing me down, it was someone telling you not to push when your body is telling you to push.

Feelings of attunement with the body, the experience of tacit knowing, leading with the wisdom of the body is the experience of being in the moment, experiencing bodily sensations as they come and go. This is the experience of thinking and breathing through the body, where the mind is no longer separate,

divorced from the body and where thinking and feeling merge into one whole sensory event. The experience of being immersed in the body, suspended in time is characteristic of bodily knowing in childbirth. Being called to engage brain, to separate mind and body, to attend to external events ruptures the harmony of wholeness and pulls awareness away from the 'now'. Once the mind is pulled back into 'real' time, a connection is lost leaving a birthing mother more susceptible to loss of confidence, anxiety and fear of pain.

Clara: [Until then] I was really confident, yeah. But because they said you're only 5 cm and to get to 10 cm it could be half an hour for every half cm, I was like, I don't think I can do this with only gas and air for another twelve hours!

Feeling confident in her body's potential protected her from feelings of anxiety about control of her labour being taken away from her. Her own failure to progress during labour was perhaps a product of having ignored, on the instruction of others, her own bodily intuition, placing her locus of knowledge with external, rather than internal, cues.

Clara: And was it because I was trying to avoid pushing that it wasn't progressing as quickly as maybe it could have done?

The element of choice was intrinsic to feelings of being in charge of her own body, her own birth experience. Experiencing herself as in control was rooted in her ability to feel relaxed and calm through focusing on her body and specifically on her breathing through hypno-birthing techniques. She experienced this as a slowing down of internal and external events, without regard for extraneous issues not immediately relevant to her embodied experiences. This being-with the body enabled both physical and mental strength and endurance that

translated as confidence, self-belief and trust in her body to do what was required of it.

Clara: I didn't start to get anxious or any disbelief in anything that I could do. No, nothing like that and I think again because of the hypno-birthing I still felt very calm through the whole situation, very relaxed and I think it was just, this is what I feel I need to do now and it's my decision and we're going to go for it.

Healthy body, healthy baby

Body vigilance is a duty, an intrinsic part of the role of motherhood. The mother's body is not just *for* the mother, but *for* the baby as well. Even before the baby is born, or conceived, the mother is at pains to ensure her body is in its best possible physical state. To overlook the physical body, to ignore it, abuse it or disrespect it, is to cheat the baby from its fleshy inheritance, to rob it of the richest of foundations, the most nutritious of beginnings. A prospective mother should ensure that her body is strong, fit, healthy, well-nourished, and in all respects 'primed' for the intrinsically physical project of creating life.

Clara: *Responsibility*. Yeah, your parenting starts the day you plan the baby.

Clara: I was quite fit and healthy anyway, but especially when I was pregnant, what I was eating, I was feeding my baby…

Clara: If you exercise through your pregnancy, the oxygen that you generate goes to your baby's brain and you're then giving your baby the best opportunity you can.

Issues of weight gain during pregnancy are the preserve of the expectant mother whose obligation it is to ensure bodily monitoring and management are carried out throughout. Weight gain is interpreted by Clara as a risk to physical and mental well-being and something to be consciously avoided. Keeping the pregnant body fit by consistent exercise, and healthy through proper diet is a choice a mother can make, her bodily fate resting firmly in her own hands.

Clara: If you've sat around doing nothing for nine months how are you going to feel after having a baby? I met a lot of ladies who had put on four stone after having a baby and I knew if I'd put on four stone I'd be so miserable.

We have a duty towards our body to minimise any burden on it – pregnancy is tough on the body and it makes sense to respect the embodied self, place it at the epicentre of your priorities. It is the body that is the vehicle of all experiences, the body that is involved in the biological formation of another body. For Clara, there is a link between the physical health and fitness of the mother and weight gain. To carry excess weight is to threaten the body's integrity and strength, to reduce its capacity to successfully conceive, grow, birth and nurture another being. Responsibility is therefore the mother's alone and is viewed as something that is done 'for' the baby as well as for the benefit of the mother.

Clara: The only thing I was mindful of was I needed to get [the weight] off because if we do get pregnant now I don't want to put on a stone each pregnancy and then you're a stone less fit again to carry the next baby and then before you know it you've had three and you're three stone heavier!

The slippery slope of weight gain must be nipped in the bud . Pregnancy will, per force, increase weight and size and this should be expected, planned for, controlled. Allowing the body to increase in size places the body at risk from the already considerable demands of pregnancy and women should seek to avoid this. An overweight body is a weakened body, a body less able and less prepared for the vicissitudes and encumbrances of pregnancy. To initiate a pregnancy in an already overweight body is to reduce your chances of physical integrity.

Clara: I think, if you're carrying an extra stone and you go to get pregnant again and then you're two stone heavier again … it's that demand on your body … and back pain and everything else.

Failure to look after yourself, to attend to your body's needs during and after pregnancy, exposes you to multiple possible physical complaints and ailments. Since choice is implicated in bodily outcome, responsibility for a healthy, in tact, pain free, fully functioning body lies firmly in the hands of the mother whose turning away from their physical needs results in negative, long-term physical and psychological outcomes.

Clara: . . . Just back pain and tears and everything … people even after fifteen years after having children with really chronic back pain and people openly admitting that they don't look after themselves during pregnancy … and again ladies on crutches with SPD pain and all of that, and it's just not enjoyable at all.

Researcher: … So for these women you feel there was some passivity on their side?

Clara: [apologetically] Yeah, I do. Because you didn't keep your body fit and strong. But some women get these things but their mind-set, you know, they're fit and active and it's just unfortunate. But the

majority of time they do tend to be the ones who have let themselves go a bit more I suppose.

The old adage of pregnant mothers being able to ‘eat for two’ is unhelpful and misleading, given the potentially dire and long-standing effects of excessive weight gain. The food we consume not only nourishes our own bodies, but is directly responsible for the healthy development of the foetus. An expectant mother therefore has an obligation of care towards their unborn infant, using their own bodies in the service of their unborn babies’ needs.

Clara: So many people used to say to me, well, you can just eat what you want now you’re pregnant. It’s the one time in your life you can do it. And I was like, but it’s the one time in our life you *shouldn’t* be doing it because you’re feeding an unborn child.

Looking after yourself whilst pregnant protects the mother-to-be against blame should something go wrong. Having ticked all the boxes, done everything by the book, exercised just the right amount, eaten just the right foods, she is absolved of culpability, freed from guilt and excused from self-reproach. There can be no finger-wagging, no stone to throw.

Clara: If I then keep myself fit and healthy and something, god forbid, goes wrong, I know in myself there’s nothing more I could have done.

Clara: If you look after yourself then you know that you’ve done the best you can do.

Not the done thing

There are competing and confusing societal expectations and assumptions about what new mums are *supposed* to do and how they are *supposed* to behave. Stereotypical images of milk-stained, dishevelled, tracksuit-clad mothers, half-mad with sleep deprivation and at their wits end clash with media portrayals of skinny-jeaned, blow-dried, glamorous celebrities sporting new-born infants like accessories. Looking as if you have spent some time on yourself in the early post-natal period is perhaps viewed with suspicion, as if a new mother's priority should be their baby, not their body or their hair or their clothes. There are underlying value judgements about looking good after birth, about attending to physical and cosmetic concerns. A new mother shouldn't expect to have time for such minor frivolities as taking care of her appearance or exercising or going to the hairdressers. She should be usurped by motherhood, overwhelmed by the demands of the baby, squeezed out of the picture. The new mother's body and self are firmly at the disposal of another and she has no time for anything else – at least a *good* mother won't.

Clara: Then at six weeks I started weight watchers and running again and everyone thought I was nuts!

Researcher: Why do you suppose everyone thought you were nuts?

Clara: It's not what new mums do, is it? I was meeting mums at three months and I was like, I've got to get dinner ready now and they were like, what? Dinner? Pah! And again I think it's that self-fulfilling prophecy 'cos everyone's so negative about it – you WILL be knackered and you WILL feel this and you WILL feel that – that everyone just goes into that, but it's just… a mind over matter thing and I don't feel I've ever done stuff at Penny's loss, like she would come running in the pram with me … but that's where people think you're mad because you're not *supposed* to be doing that when you've got a baby. You're *supposed* to be tired and you're

supposed to be in your pyjamas and you're *supposed* to not be showered.

Clara experienced her own attitude to new motherhood as positive in relation to what she observed around her. Having taken her own physical needs seriously and having nourished herself well and having had a natural birth, she had a heightened sense of physical well-being and concomitant feelings of high self-worth. She believed this to have emerged from her positive mental attitude and physical fitness. Clara felt well in herself, secure in her body and confident in her ability to mother. This contrasted with what she perceived as a more negative image of a new mother that she felt was superimposed upon her. Stepping outside the box resulted in others judging her – her motivation, her sanity, her 'health'. There is an inherent notion of selfishness attached to the perusal of weight loss and fitness for the new mother. Putting yourself, our own needs, first is viewed with suspicion. A new mother's body is now assumed to be of secondary importance to that of the baby who is dependent on the mother's body to such a degree that her body should be available on demand. A new mother is now a being for another, rather than a being for herself. No longer a fully independent personality who exists as a separate being, she is now tied to the new-born, her rightful place being at the baby's side rather than at the running track.

Clara: When people said you're mad, I was like, well she's still putting on weight and the minute she doesn't put on weight because of my exercise or diet I'll stop. And that was it.

Clara challenges the assumption that in giving to yourself you are taking from the baby. She feels that what is beneficial to her – a fit healthy body – is beneficial for the baby. There is a sense that she feels the need to fight her corner, defend her position, justify her behaviour. Her message is that maternal fitness is good for baby and should be encouraged, expected even.

Clara: Look at her – she's massive! … So I think getting out of the house and getting that fresh air, you know, everything, it's good. And then I started aqua-natal at six weeks as well, just once a week and she went into a crèche which was good for her and good for me as well!

The legacy of birth

The post-natal body is generally understood to have experienced a traumatic physio-biological event, leaving it in an altered, fragile, transitory state. To expect anything from the body at this time is considered inadvisable, reckless even. This is a body in limbo and all activity is necessarily suspended. The 'six-week check' signals 'go!' in a one-size-fits-all template of physical recovery and readiness to resume 'normal' bodily function. The six-week check is the arbiter of normality, the body assumed to no longer be in a maternal state and all prior corporeal pursuits are sanctioned once more. For the new mother the six week check is a both a finishing line and a starting line. It marks both the beginning and the end and releases her finally from the aftermath of pregnancy and birth. She has turned a corner, is free to move on. Her body has been officially discharged by the doctor and handed back to her. Her body is now free to go. During the first six weeks the body is viewed as a fleshy vulnerability, swollen, bruised, misshapen, scarred, damaged. The spine creaks back into shape, freed from the weight of the 'bump', internal organs migrate back to their rightful place, bloated breasts harden then soften, nipples crack and scab, the uterus makes its journey south, atrophying as it goes. Clean cut abdomens and perineums knit together again, swallowing the stitches that bound them as the throbbing of distended tissue fades away. The heavy, dragging pelvic floor tightens as it struggles to keep liquids and gases in its flabby grip. Cushions of inflamed itchy tissue that hang and scream at the rim of the anus gradually crawl back inside. All these competing sensations of pain and discomfort are normalised within the confines of the six week check. All are *de rigeur* for the post-natal woman. Until the six week check. Then it's all systems go.

However, the cervix never returns to its nulliparous state and the vagina never completely returns to its pre-pregnant size. The muscle tone of the perineum may or may not return to normal depending on the extent of injury to muscle, nerve and connecting tissue. Uterine size remains larger than prior to gestation and the abdominal wall's return to a pre-pregnant state depends greatly on maternal exercise.

Clara: 'Cos you have to wait for the six weeks check and then I was doing pilates twice a week, running and doing aqua-natal and if I wasn't I'd go out walking every day as well, but yeah, it was that six week check and I think that your body, you have been through a massive traumatic event, haven't you? So I'm not daft, you know, I think your body does need that time to recover.

Clara waited for the "all clear" at the six week check rather than rely on her own sensory intelligence that signalled she was feeling well and 'ready' to resume activity.

Clara: I didn't have any major tears or anything like that. Yeah, I felt well, I felt ready. I mean I was a bit swollen after, but that was fine, that settled within a week or so and it was all good.

Even when physical recovery is swift and healing is minimal following childbirth and the six week hurdle has been cleared, new mothers can still feel physically and emotionally fragile. The six week check behind her, she may have heightened expectations of herself and of what her body is capable of. Failure to meet this perceived marker can have a negative effect on mood.

Researcher: How did you feel at the six week check?

Clara: Okay. I think. I had days when I was more tired and I'd be like, oh I just feel a bit rubbish and you know that's when Lionel would kick in and go, but you're fine, look at you, you've just had our baby, your body has just given us a baby. Like, stop being stupid! … And then you're kind of like, oh yeah, I *have* given birth and I *have* had a baby, but you know if you didn't have a supportive partner and everything else, obviously I think it would be a very different story.

There is a danger that unrealistic expectations of self-efficacy post six weeks can threaten to undermine a new mother's sense of maternal achievement leading to lowered self appraisal and self-esteem. Her body now over the six week check, there may be a supposition of pre-pregnancy physical functioning against which she measures current levels of energy, aptitude and stamina. Self-imposed markers of coping and 'doing well', when perceived as unmet can result in pervasive feelings of inadequacy that, if not checked, can inaugurate a decline in emotional well-being.

The legacy of breastfeeding

Changes that occur in the body after birth with the initiation of breastfeeding also occur when breastfeeding stops. Hormonal fluctuations and long-term changes to breast shape and size are experienced

Clara: I'd be up and down, not up and down as in emotional, but up and down hormonally.

Researcher: You could feel changes?

Clara: Yeah, that's it and obviously your boobs and everything change again, but I've never had boobs anyway, so it's not a big thing! …

The main thing I did joke about is that I went through my whole pregnancy without getting one stretchmark and then as soon as I started breastfeeding my boobs got stretch-marks! But, you know, Lionel was like, well, I'm the only one who sees them, so it doesn't really matter does it?

Clara's sense of pride in her body to have weathered the storm of pregnancy was usurped in the end. Having faced and won what she perceived the biggest challenge to corporeal integrity, she was outwitted by her boobs which succumbed in the end to the physical trials of maternity. She was not spared it's mark and her body now unexpectedly has its own story to tell. This was unforeseen, surreptitiously snatching back her sense of corporeal triumph. That the body keeps the score is interpreted in a positive light, a record of achievement, marking you out as mother.

Clara: They're your warrior scars for being a mum, yeah, so they're like, that's your definition.

Physical changes as a result of breastfeeding are not always welcomed and celebrated and instead can be interpreted negatively as a ruinous, indelible, irreversible bodily outcome. The result is a body that is impossible to live in, impossible to accept.

Clara: My mum had four children and she breastfed all of us and actually in the end she ended up having breast implants because her boobs after that, just ruined. It just really got to her.

In the zone

Physical performances requiring strength and endurance of Herculean proportions are not achievable through the body alone. It is not an objective, split-off, stand alone body that runs a marathon, swims the Channel, rows to France or births a baby. It is the whole person who, fully and deeply embodied, overcomes physical challenges and limitations. Mentally residing in the body, thinking through muscle, breathing with the mind, yokes body and self, enabling a quality of energy that almost transcends either physical endurance or mental fortitude alone.

Clara: That was the difference in the transition from being in labour to being able to push and just literally in my head I was like, ok, that's it now, we're in control of this. Like, when you're doing a half-marathon or rowing – 'cos we rowed and you're doing a long row from Jersey to Carteret or whatever – and you have to dig deep no matter how tired you are and you kind of get in the zone and that's what I kind of did when I was in labour.

This experience of embodied union was expanded in labour to include the experience of inter-connectedness with the bodimind of the foetus – a kind of inter- embodied union that lent an even more profound sense of empowerment and self- efficacy.

Clara: I was like, right, we're in control of this now and I have confidence in us that we can do this.

Clara knew, felt in her body and in her baby's body, that whatever sensations both were experiencing were 'owned', assimilated into their sense of self,

intrinsic to them as sensory beings. There was an acceptance of bodily events as part of them and therefore non-threatening, alien or frightening. The painful body was not an object out to hurt them – split off, demonised or given up on, but rather an expression of both beings' understanding of themselves as fundamentally in control of internal events. This innate, tacit, inter-embodied knowing lent the birthing mother confidence in her self to 'go with' the intelligence of her body.

The consequences of not being in the 'zone' during childbirth, of physical exhaustion , flagging energy and thoughts of being unable to continue threaten the mother's ability to birth the baby without medical intervention. Feeling overwhelmed by the rigours of physical exhaustion the body can be experienced as once removed, no longer under conscious control. Once disembodied, the birthing woman experiences her body as being taken over by another, managed, directed from without.

Clara: I just didn't want to get to the stage where I was so knackered that I ended up having a c-section, 'cos you just see it happening, don't you? It just goes boom, boom, boom and it escalates.

There is a sense that during labour and birth, a woman first has to commit to giving her all, to devote all her mental and physical energy to the task ahead. There is no scope for giving in or giving up. Within this commitment is an allowance for the possibility of obstetric complications that are nothing to do with maternal effort or performance or will. Psychological flexibility is therefore a mediator of guilt and self-recrimination when childbirth does not go to plan or is not as expected or desired. Any negative consequences to self-esteem of failing to 'accomplish' a 'natural' birth are protected by the certainty that you have done your very best, that the 'fault' does not lie with you.

Clara: My ultimate goal in my birth plan was, well it started with as least intervention as possible but I'm happy with whatever as long as I have a healthy mum and baby at the end of it … [because] some things are out of your control, so I think I would have been cross more if it was ME giving up.

The long-term sequelae of 'giving up' on yourself, your body during childbirth can be particularly devastating for the new mother. The body now in the hands of doctors, divorced from her, viewed as an object of risk to be managed, can be experienced as traumatic and leaves deep and lasting physical, emotional and psychological scars.

Clara: One of my friends, … well, it just went from bad to worse, to worse, to worse, to worse, to the point where they didn't even remove her placenta fully and she had to go back in and have that removed and was having panic attacks and is now having to go to counselling.

Conversely, for women who's birth experience was positive, who fully participated in and experienced the body in labour, who remained embodied throughout the labouring process, there is an enduring sense of pride and achievement which directly affects their understanding of who they are and what they are capable of.

Researcher: And when it's a positive experience, like you had, you

Clara: Feel empowered. Yeah, 'cos we did that and that was incredible. It really is amazing.

The experience of labour and childbirth is fundamental to the transition to motherhood and a woman's identity as a mother. To have physically, mentally and emotionally laboured and given birth to a baby is seen as a rite of passage, a necessary endurance test that inaugurates women into motherhood. To welcome and look forward to the experience of childbirth, to expect to incorporate that into your maternal narrative and yet to, for whatever reason, need obstetric intervention or a surgical birth can feel like a huge loss. To be handed your baby, to have had it taken from you rather than feel it emerge from your body into the world is to feel robbed.

Clara: My sister had to have an emergency section, so she's got two children, but has never experienced labour and it really gets to her.

The burden on the body

Responsibility to keep the body fit, strong, healthy is particularly true in the post-natal period when demands of a baby place an especially tough burden on the body.

Clara: As they get heavier, if you don't, if your body isn't strong enough to cope with that then again your body breaks down … it's the back pain from lifting them in and out of the cot, in and out of the car.

Any negative consequences to the physical self as a result of motherhood are perceived by Clara as being avoidable. Taking responsibility for the body through diet and exercise is essential to protect the body from the physical rigours of being a mother. There is a danger that the emotional and psychological correlates of a painful body with limited motility and dexterity will

threaten a mother's relationship with her baby and negatively inform her experience of motherhood.

C: … do you end up resenting your child 'cos every time you lift them you get back pain … you know, their body's in bits now and it their *children's* fault and ra-ra-ra-ra-ra … resenting them for a choice they've made 'cos *you're* the one who's let yourself get three stone overweight, *you're* the one who hasn't gone out, because there's no excuse! … no matter how many children you've got, you can get them in the pram and go for a walk!

Appendix L

Stages of Analysis: CAROL

Step 1: **Wholistic**

Tentative theme:

It's taken so long to get my 'self' back

Step 2: **Selective**

Tentative thematic ideas generated:

- Unexpected body
- Shock
- Unpreparedness
- Fear
- Courage to feel
- Confusion
- Knowing something is wrong
- Kept in the dark
- Logic not enough to prepare for emotional reaction to body
- Unrealistic expectations
- Temporality
- Selfhood
- Feeling alien
- Loss of old body emotionally overwhelming
- Who am I now
- Shame
- Loosing sight of self
- Identity in flux
- Distress at sight of self
- A failed body
- Changed relationship with body
- Objectification of body
- Pressure to get it right
- Feeling judged
- Defective body
- Breastfeeding essential to identity
- Embarrassing post-natal body
- Responsibility to baby
- Alien body
- Changed breasts, alien breasts, useless breasts
- Seeking permission to stop breastfeeding
- Conflicting messages
- Cut-off time
- Impatience with body
- Blaming the body
- Bodily failure
- Link between body and identity
- Getting the body 'back'
- Pressure to be 'normal'
- Body as enemy
- Sex feels different
- Acceptance of new body –v- hope in change

- Sacrificing the mother's body
- Challenging social 'norms' about motherhood
- One-upmanship between mothers
- Performing motherhood – being observed
- Insecurity fuelled by media
- Giving yourself permission to attend to self
- Keeping up appearances
- The happy, coping mother
- Honesty will expose you
- Physical exhaustion undermines ability to cope
- Cant express darker emotions
- Lack of understanding from HPs make it worse
- Loss of 'project', creativity, meaning
- There's just no time
- Educating daddy
- Delusions of being in control
- The reality is different from expectations
- A good mum does it all
- Centrality of embodiment to identity
- Body confidence linked to confidence as a mother
- The post-natal body is irrevocably changed
- The body no longer 'fits' with self
- Mourning the loss of the body (shock, denial, anger, despair, acceptance)
- Existential responsibility for another a burden
- Public opinion renders mothers vulnerable
- A 'good' mum breastfeeds
- Loss of self underlying depression

Step 3 : **Line-by-line**

Tentative themes (incorporating stages 1 & 2) :

Themes	Sub-themes
It takes a lot longer than you think	The post-natal body is a time-dependent body The post-natal body is an unpredictable body
I didn't know my body would be like this	The post-natal body is a shocking body The post-natal body is an unexpected body
I wish I'd been more prepared	The post-natal body is an unknown body
My body is no longer me (personally)	The post-natal body is an unrecognisable body The post-natal body is an alien body

	The post-natal body is a distressing body
My body is n longer me (socially)	The post-natal body is an unacceptable body The post-natal body is a shameful body
I don’t feel in control of my body	The post-natal body is an uncontrollable body
Can I fall apart for five minutes	Pretending to cope
A good mum sacrifices everything for her baby	It’s not ok to meet your own needs
Breastfeeding (or not) is central to post-natal embodied Experience	The post-natal body that can’t breastfeed is a failed body

Final Stage: Generating superordinate themes:

Final themes	Verbatim
I didn't expect my body to be like this	*It's unfair, it's unfair because it gives you the wrong view of what's going to happen.* *The thing for me was afterwards. I was expecting the before . . but it was afterwards that knocked me cause I expected to find everything to get better quite quickly.* *I was just, sort of dared to have a feel down there.* *I asked 'have I got haemorrhoids' and they said 'yes' and I'm like 'that explains everything over the last three days'.* *The nurses didn't tell me I had haemorrhoids so I was like 'what's really wrong here'.* *I kind of knew I had some weight to loose but I didn't expect everything to be so saggy.* *For a while [my breasts] were leaking. They were saggy. I'd gone from a size B to a size D.* *When I'd take my bra off they'd go (makes a raspberry sound) and I'd be like oops!* *The physical side of myself, I couldn't bear to look at it and things felt different, like sex felt different you know. And it wasn't until about 3 months ago that it stopped hurting – because I'd been so tense about it.* *I really did feel like a deflated balloon.*

It takes a lot longer than you think	*People say, or my friends say, oh yeah, it'll take time – you've had nine months making this baby – give yourself at least nine months to get back to it.* *And the doctors are like, (puts on a mock enthusiastic voice) after 6 weeks you can start doing your exercises and start getting back to fitness.* *They're saying you body is ready to start getting back after your 6 week check, that's like the line. Before that you can be as poorly and as whatever as you want – after that you gotta start getting on with it.* *I was annoyed because everyone was saying I should be ready, I should do some exercise and I should loose weight now; and everything should start to go back to normal NOW.* *It took a while for it all to (and I knew it would, part of me, the logic part of me is going 'I know this is going to take time to get back, but at the time I'm like 'Oh my God! Someone's deflated me!'* *It's taken so long to start losing weight.*
Different body, different self	*I do feel I disappeared for a while.* *I hated myself . . I would sit there and [looking down at her breasts], almost as if they were the enemy.* *It wasn't until Elena was about 6 months old that everything started to really go back. . . I stopped looking at myself and thinking 'oh I hate myself and I started looking at myself and going 'hello!' There you are!* *I was lost. It was like I had, I kept occasionally revisiting my body in a kind of looking in the mirror and [sucking in her breath] yeah, I can't deal with that yet.*

	Researcher: How was it to reconcile yourself to this different body *Carol: Different person* *Researcher: Different person* *Carol: Yeah, yeah. She's ten months old now and still part of me isn't fully with it yet.* *I used to belly-dance before and people are saying to me 'are you going to do it again' and there is NO WAY that I am showing my body off to anyone any more!* *More and more now I look in the mirror and it's like I can see myself again. Before that, in the beginning [breaking down], I would just look at myself and [can't continue}. . ..* *Researcher: so there was a sense that you had lost . . .* *Carol: me* *Researcher: You'd lost yourself* *Carol: Yeah.*
You have to erase the fact you've had a baby	*I kind of feel like it shouldn't go back to how it was before because I had a bloody baby!* *They're not my stretch-marks, they're my tiger stripes!* *They're telling you you shouldn't have a mark on you; they're telling you you should spring back and they say they think a mum is being selfish if she doesn't do her exercises and get her body back .* *They're not my stretch-marks, they're my tiger stripes!* *I kind of feel like it shouldn't go back to how it was before because I had a bloody baby! Life leaves knocks and it shouldn't be erased, you know!*
Breastfeeding (or not) is central to post-natal embodied experience	I think it's the yummy mummy – you breastfeed so the weight falls off you and then you put on your makeup and dress up

	your baby beautifully and you go walking out in the sun . . the reality is you're sitting there in the middle of the night covered in diahorrea wondering 'should I have a shower or should I just wipe it off and go to bed. You want permission to give up. You want permission to stop. I expected – in the end I couldn't breastfeed which meant that the weight I put on stayed on. I think it's because you get lost in this haze, especially at the beginning because I couldn't breastfeed as well, so you really get a sense of failure with that.
A good mum always keeps it together	I felt it was very much a, if you show any sign of weakness, people start watching you for signs of it. And you even start thinking that in yourself, like, am I struggling to cope – do I have it. . . . You're either coping or you've lost it, and that's it, there's no in-between. Physically you feel really tightly wound – it's like 'I cannot show any sign". And you'll go away and you'll have a moment to yourself and you'll be like 'oh my god!' and then you wrap it all back up again. A good mum does it all. A good mum is always together. Sometimes I would look at her and think I am ruined and then I'd think don't be daft, you know

	Sometimes you need to fall apart for five minutes, just to put yourself together and keep going.

Appendix M

Generating a General Thematic Heading

Example: *Loss of Corporeal Autonomy*

Step 1

	Sub-sub themes	*SUB-THEME*

LOSS OF CORPOREAL AUTONOMY	Breastfeeding	
	Body not your own (*responsibility*)	LOSS OF CONTROL TO OTHER
	Body not your own (*no time for own body's needs*)	LOSS OF CONTROL TO OTHER
	Birth	
	body taken over by medical staff: (*Surrender*)	LOSS OF CONTROL TO OTHER
	Postnatal	
	loss of connection to usual body: (*objectification*)	LOSS OF SELF-CONTROL
	body usurped by new-born (*hijacked*)	LOSS OF CONTROL TO OTHER
	Physical and mental exhaustion (*keeping it together*)	LOSS OF SELF-CONTROL

	Pregnancy The burden on the body (*risk*) body taken over by foetus (*hijacked*) pregnancy 'managed' by medical professionals (*surrender*)	LOSS OF SELF CONTROL LOSS OF CONTROL TO THE OTHER LOSS OF CONTROL TO THE OTHER

Step 2.

LOSS OF CORPOREAL AUTONOMY

Loss of Bodily Self-control	Loss of Bodily Control to Others
Maternal bodily risk: • The burden on the body (*pregnancy)* *Objectification of the body*: • Lost connection to a known body (*post-natal*) *Keeping it together:* • The fear of losing control of body-self (post-natal) *Hijacked* • Self subsumed by new-born (post-natal)	*Maternal responsibility:* • Body not your own (breastfeeding) *Powerlessness:* • Body accessible to others (pregnancy) *Bodily surrender* • Loss of body control to medical professionals (*birth*) and body 'managed' (*pregnancy*) *No time for maternal body-self:* • Body not your own (*post-natal*) and (breastfeeding) *Hijacked* • Body taken over by foetus (pregnancy)

Appendix M

Step 3. **Loss of Corporeal Autonomy**

SUB-THEMES	**SUB-SUB THEMES**	**INDUCTIVE EXAMPLE**	**VERBATIM**
1. **LOSS OF BODILY SELF-CONTROL**	1.1 RISKY MATERNAL BODY	CELESTE: A failing maternal body during pregnancy and birth	*'towards the end of my pregnancy my kidneys started to fail and I actually had quite a bizarre birth because my kidneys started to fail, my blood pressure was really high and the doctor was really worried as to why I hadn't hadn't had an aneurism yet'.* *'It wasn't fun, yeah . . just all the uncomfortable side . . there are so many things potentially that can go wrong!'*
		CHARLOTTE: Pregnancy as a	'really uncomfortable . . . sometimes I didn't

		time of bodily discomfort and risk	like feeling him moving inside me. And the constant going to the toilet and how tired you felt and I was borderline pre-eclampsia as well, so I was in and out of hospital quite a bit'.
	1.2 OBJECTIFICATION OF MATERNAL BODY	AMANDA: Taking the pain out on the body-as-separate from self CHARLOTTE: being observed during	*'It was like snakes and ladders really, because I came home from hospital, the radio was on, the sun was shining, he was feeding beautifully and I though, oh my god, three days ago, I was literally, I had nail marks all along my chest from, like I was having to brace myself [and] press my feet into the end of the bed . . . I mean it was a nightmare. I wouldn't wish it on anyone!'* *'because I was in labour for so long and you see all the different paediatricians, you're lying there, your legs*

		labour and the feeling of shame	*are open and they're all coming in and doing that . . . and all the time my husband is sat there and I'm thinking oh my god! He's seeing all these men come along and because I'm quite shy I was absolutely mortified! And then it was just getting a bit sore and I was like, god, I don't want any more people putting their fingers up there!'*
	1.3 KEEPING IT TOGETHER	CAROL: keeping it together both physically and mentally	*'Either you're coping, or you've lost it!'* *'And so like physically, you feel really tightly wound. It's like, I cannot show any sign, I cannot show any sign, I cannot show any sign. Then you'll go away and have a minute to yourself and you'll be like [makes wailing noises] oh my god! And then you wrap it all back up again!'*

		AMANDA: physically holding in emotional distress	*'. . . and [I was] sitting there with the district nurse on the first home visit thinking I want you to go 'cause I'm just going to cry and just holding, holding, holding, holding'.* *'And I think in terms of the PND question, you know it was biting at my heels for a few days . . . there were periods of time . . . where I was feeling distant and disconnected and not feeling like I could cope.'*
		JEN: physical exhaustion depletes emotional and mental reserves	*'So because you're tired you haven't got the reserves and things. You know it's a massive responsibility having a baby . . . [and] when you're exhausted that seems like a terrible thing, and scary and awful cause you don't have the reserves and strength to cope with it'.*

		CLARA: Feeling physically low can lead to self-doubt – importance of the right support	'I had days when I was more tired and I'd be like, Oh I just feel a bit rubbish and you know that's when Lionel would kick in and go, but you're fine! Look at you, you've just had our baby, you're body has just given us a baby!! Like, stop being stupid! And that's when you're kind of like, oh yeah! I have given birth, my body has given us a baby! But you know if you didn't have a supportive partner and everything else, I think it would be a very different story.
	1.4 HIJACKED MATERNAL BODY	CELESTE: Consciousness hijacked by diet and body concerns	*'[When dieting] you gain control in the way your body looks, but you lose control in a different way, you lose control of the life. . . It's every day I think 'I really need to do*

			something about this!' *'Every time I did have that food I was thinking, this is just adding more weight, this is just adding more weight. And I'm weighing myself every day which is stupid and you shouldn't do it, then I'd weigh myself and say to my husband, oh that's another two kilos, oh that's another 4 kilos, oh that's another 6 kilos, and you just weight yourself every day and it becomes that constant think in our head and it almost stopped me enjoying the new-born experience to a certain degree'.* *'It's that constant, be it from the time you get up from picking out something from the wardrobe and then putting it on and thinking 'oh this doesn't quite fit from how it used to', to gauging whether*

		CELESTE: Unsolicited access to the maternal body CHARLOTTE: Unsolicited access to the maternal body	*or not you can fit through a space at work, or gauging how far away, you know, it's so many things'.* *'In a normal day, if they weren't pregnant, you wouldn't go up to them and rub their belly, you wouldn't!'* *'I didn't really like it cause I was conscious of people looking at your tummy and wanting to touch it all the time! And I hated that! I was allergic! I was whoa!!'*
2. **LOSS OF CONTROL TO AN OTHER**	2.1 SURRENDERING THE BODY	CHARLOTTE: Routine bodily administrations performed by others	*'And it was embarrassing cause on the second day I had to have a bed-bath . . . and I absolutely hated it. I just remember thinking hurry up! Hurry up! Hurry up! No, cause that's your private bits! And oh my god, I was mortified. I just wanted to be doing this myself . . . having*

		CHARLOTTE: The body temporarily belongs to doctors	*someone wash me and doing stuff down there, oh my god! And all these strange people coming up . . . I found it really intrusive!'* *'they wheel-chaired me from maternity all the way down through to where the ante-natal clinic is in my bloomin' gown! Feeling a bit, really sore, bumping over everything . . . and because you'd been in maternity so long I was a bit like, my head was proper spinning. I was getting a bit freaked out because I'd been confined to maternity for so long'.* *'It was nice, it was quite reassuring, but then towards he end I was just getting really frustrated cause you just kind of felt like a guinea pig . . so I was in every other day to be checked for my blood pressure, which is good, cause*

		AMANDA: body at the mercy of medical professionals	*they're doing their job and if something went wrong, obviously'* *'they wanted to take me to intensive care cause my heart was doing ectopic beats and because my kidneys and liver had started to fail in labour. And they were going on about putting needles in my neck . . . and that freaked me out'.* *So when the nurse came in and just proceeded, it felt very intrusive and I didn't have a choice – you feel violated, that's how I felt at the time.'* *'And there is with hospitals, I think, implicitly the patient is expected to consent [but] there was part of me that wanted one less thing done to my body . . . almost as if, if you were worn down enough, or tired enough, you'd just let*

			anything happen to you'.
	2.2 NO TIME FOR THE MATERNAL BODY	CHARLOTTE: no time for body	*'I've just put on so much weight, but I just don't have the time to go to the gym or do anything'.*
		CELESTE: no time for dieting	You're so sleep deprived and it's such a big impact on your life that everything has a pecking order and the diet was low priority . . you don't really have time to think, right, how many calories have I done'.
		CAROL: no room for self	'There's just no space and there's just no time'.
		JEN: no time to keep in shape	*'. . . actually the kind of priority is just existing and coping – the way I used to stay in shape was I'd do more physical activity and obviously now there's not the time or the opportunity'.*

	2.3 CORPOREAL RESPONSIBILITY	JEN: Tied by the baby's needs CAROL: new-born dependent on mother	*'It's just the physical side of it because I'm breastfeeding her I literally can't be away from her for more than 2 hours at a time'.* *'It's kind of the physical aspects of it – I am the one who gave birth to her and I am the one who's breastfeeding her, so there are those ties, you know. I am the one who is ultimately responsible for her – there's that extra physical link'.* *'You have to let go of who you were because you were this person who had no responsibility'.* *'We kind of carry this responsibility with us. Whether we are with the baby or not, we are still mothers. You're always on duty'.*

			'it's not about you any more, its about the baby'
		CELESTE: shift in priorities – baby more important than self	*'And then the midwife said to me 'it's not about you any more' and then it was her saying that that changed me and I thought, actually, yeah, I'm going to have to start considering that I'm going to have a baby! Never worry about me, I've got to protect and look after this little baby!'*
		CHARLOTTE: shift in priorities – baby a responsibility	'parenting starts the minute we planned the baby'
		CLARA: responsible for baby even before conception	*'They're telling you that you shouldn't have a mark on you. They're telling you that you should spring back and they say that they think a mum is being selfish if she doesn't do her exercises and get her body back to what it was before because it's perfectly*
		CAROL: A mother's body is her own responsibility	

			capable of doing it'.

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