

VILNIUS UNIVERSITY

AGNĖ MATULAITĖ

**”YOUR BODY JUST GOES BANANAS”:
EMBODIED EXPERIENCE OF PREGNANCY**

Summary of Doctoral Thesis

Social Sciences, Psychology (06 S)

Vilnius, 2013

The PhD research carried out at Vilnius University in 1998-2012.

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The public defence of this thesis will be at 2 p.m. on the 8th of February, 2013.

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A summary of the thesis will be distributed on the 8th of January 2013.

The full Lithuanian text is available at Vilnius University library, Lithuania.

VILNIAUS UNIVERSITETAS

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**KAI „TAVO KŪNAS TIESIOG IŠPROTĖJA“:
IKŪNYTAS NĖŠTUMO PATYRIMAS**

Daktaro disertacija

Socialiniai mokslai, psichologija (06 S)

Vilnius, 2013

Disertacija rengta 1998-2012 m. Vilniaus universitete

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Disertacija ginama viešame Psichologijos mokslo krypties tarybos posėdyje.

2013 m. vasario 8 d. 14 val. Vilniaus universiteto, Filosofijos fakulteto 201 auditorijoje.

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Disertacijos santrauka išsiųsta 2013 m. sausio mėn. 8 d.

Su disertacija galima susipažinti Vilniaus universiteto bibliotekoje.

INTRODUCTION

Pregnancy is undeniably a very personal and acutely physical process. Some authors (Kristeva 1982, Draper 2003, Young 2005) believe that, experientially speaking, in pregnancy when two beings are housed within a single body, the body challenges or “disrupts” traditional body boundaries. Therefore it is quite likely that the experience of pregnancy intensifies or alters an expectant mother’s sense of embodiment and even that this “epiphanic body” (Warren & Brewis 2004, p. 220) episode may illuminate the relationship we in the modern West have with our materiality in a more general sense.

However, there is a paucity of psychological research into women’s body experience in pregnancy and in the first year post-partum. While most quantitative research still operates from a medical or psychiatric model and focuses on women’s behaviour and habits rather than personal experience, researching problematic pregnancies and their outcomes (see Schetter 2011), with the exception of a few qualitative studies (Johnson et al 2004, Gil-Rodriguez 2008), the majority of extant research (such as Davies & Wardle 1994; Clark & Ogden 1999; Wood Baker et al 1999; Strang & Sullivan 1985; Drake et al 1988; Fox & Yamaguchi 1997; Skouteris et al, 2005; Malson & Swann 2003; Morin et al 2002; Stein & Fairburn 1996; Jenkin & Tiggemann 1997; Jordan et al 2005) limits itself to an exploration of women’s own satisfaction or dissatisfaction with the body image in pregnancy and postpartum only whilst providing contradictory and inconsistent findings.

Therefore, with the exception of several contemporary philosophical and social research pieces (for example, Young 1984; Tyler 2000; Bailey 2001; Upton & Han 2003, Warren & Brewis 2004; Nicolson et al 2010), psychological research of Johnson et al (2004) and Gil-Rodriguez (2008), the psychoanalytic work of Deutsch (1947), Ussher (1989), Pines (1993), Raphael-Leff (1995, 2009) and Kristeva (1982), the very topic of body experience in pregnancy is still very much overlooked within the field of clinical and developmental psychology. Also as “a transient subjectivity” (Tyler 2000) and as a subjective experience, pregnant embodiment (as well as post-birth, post-lactation embodiment) according to Baraitser (2009, p. 124) still remains “curiously unmapped,

unthought-of and perhaps unthinkable” as challenging the masculine principles of individuality, non-contradiction and singular temporality.

Subjective embodiment. According to existential phenomenological philosophers, in ordinary circumstance we experience our bodies as our reality frames providing us with both opportunities and limitations, allowing us to understand and perceive others (Husserl, 1983; Ricoeur 1973/1990, 1976). Bodies are perceived as both objects and subjects, as part of our internal [“the lived body”] and part of our external reality [“the objective body”] (Merleau-Ponty 1945/2006), as a subjective and indivisible part of ourselves (Merleau-Ponty 1945/2006, Straus 1969, Stewart 1998) or even as an indistinguishably intertwined and criss-crossed part of the world, as “flesh-of-the-world” (Merleau-Ponty 1964/1968).

This is formulated most explicitly in a sustained argument for the founding role that perception has in engaging with and understanding of the world by Merleau-Ponty (1945/2006). The world, according to him, is something we live in and engage with in a bodily way. Consciousness, says Merleau-Ponty, is practical, perceptual and embodied; it is an act of the whole body engaged in (or grounded in) the world, which both constitutes us and is constituted by us. “The body is the vehicle of being in the world” claims Merleau-Ponty (1945/1962, p. 82) and then he adds that it is also the “horizon latent in all our experience... and anterior to every determining thought” (p. 92). Thus, Merleau-Ponty argues that the body not only connects us to the world, but also offers us the way to be in that world and to understand it.

The understanding of the importance of embodied experience to the understanding of the world had quite a few followers within the postmodern phenomenological tradition. For example, Gendlin (1996), following Heidegger, agrees that people first act and interact pre-reflectively and then they interpret. The body lives and “knows” the situation directly, he says. This is echoed by Todres (2007, p. 21), who claims that subjective experience is carried by the body in its “pre-separated multiplicity”.

Pregnant embodiment. Whereas, as was noted earlier on, in traditional psychology and psychological research, the body and psyche are still placed in very much parallel universes, I would like to argue that not only can we not separate the two, but also that a pregnant body provides an additional dimension to the embodied experience, partly due to a woman’s experience of a drastic change in her own body, the

novelty of a baby's body within and the internal and external boundaries of the body themselves being in flux.

"I discover things as being "tall" or "short" on the basis of my bodily orientation to it. If my mobility is impaired, I face a world of "restrictive potentialities" of things "too low" or "too far"" says Merleau-Ponty (quoted in Finlay 2011, p. 55). So perhaps once my body changes in pregnancy, I could also experience my lived world or people differently. When something changes, our awareness of our body is suddenly amplified (van Manen 1998). Such heightened awareness of one's body has generally been considered in the context of illness (Radley 2000; Svenaeus 2001, 2011), but it could also be argued (Young 1984; Bondas & Eriksson 2001; Gil-Rodriguez 2008) to occur through the process of childbearing.

The study **aimed** to explore women's embodied experience of their pregnancy and of their postpartum year with the final task of identifying and describing this phenomenon as it is known through their everyday experience of it.

METHODOLOGY AND PROCEDURES

Methodology and Epistemological Standpoint. The study employed Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith et al 2009; Eatough & Smith 2008) in order to capture the complexity of this phenomenon through a close and fine-grained examination of individual accounts. I have chosen¹ this approach as both of its elements – the phenomenological (descriptive) and the interpretative (analytical) - are close to my own epistemological standpoint, i.e. my way of learning from another human being's presentation of their subjective world.

This project is phenomenological in that there is no expectation of testing certain hypotheses to find or confirm a certain theoretical model. Quite on the contrary, in the process of my research, in fact even before it was finished, I was trying to make sure that I would keep myself as open as I could to the subjective world as lived by the women researched, which meant constantly reflecting on and differentiating my own personal

¹ The summary, just as the thesis itself, makes frequent use of the first person in order to address the reader directly and to own the personal position on the research and the phenomena in question.

experience and my own knowledge in that area. This approach also extended to doing the literature review after, not before, the study.

It is also interpretative and consistent with the central idea of IPA that it is not possible to access an individual's life-world directly or completely. Access depends on, and is both complicated and assisted by, the researcher's own experience and conceptions. There is no clear and unmediated window into the life experience of others. Investigating how events and objects are experienced and given meaning requires interpretative activity on the part of the researcher, which Smith & Osborn (2003, p. 51) described as a dual process or "a double hermeneutics" in which "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world".

Another feature of such research is its idiographic emphasis and commitment to the detailed examination of a phenomenon (Smith et al 2009) with the result being a narrative account of the interplay between the interpretative activity of the researcher and the participant's account of the experience in his or her own words.

Sampling and Participants. Following the principles of IPA (Smith & Osborn, 2003) participants were recruited through posters (Appendix A) at two prenatal clinics – in Vilnius (the capital of Lithuania) and in Bristol (a city of approximately similar size in the South West of the UK) and personal contacts (a snowball sampling process). Those specific clinics were chosen on account of their having similar clientele, both being close to the main universities and both ran birth and parenting courses for parents-to-be at that time. All ten women responded voluntarily and contacted me after seeing my posters or hearing about my research from their friends. However two participants cancelled their participation² and two additional volunteers, who responded to the advertisements slightly later, although otherwise suitable, were not accepted as it felt important to keep the numbers manageable.

The data, therefore, is derived from six case studies of women going through the transition to motherhood: Camilla (29-31³, British editor), Saulė (33-35, Lithuanian primary school teacher); Vaida (27-29, Lithuanian project consultant), Silva (aged 32-34,

² One woman felt she wasn't prepared to discuss her emotions and decided to stop after the first interview. The second woman who dropped out called me after two interviews saying that she would like to discontinue her participation due to changes in her family situation.

³ The numbers refer to the age of the women during our first and last (fifth) interviews.

UK based artist and project coordinator from New Zealand), Fiona (35-37, USA based assistant professor from the UK), Eglė (26-28, Lithuania based project coordinator from Latvia)⁴. *The names of the women and members of their families have been changed to preserve anonymity.* Purposive sampling criteria: a) this was the first pregnancy for each of the women; b) no previous miscarriage or termination; c) not an unwanted pregnancy; d) they all were in stable long-term heterosexual relationships; e) aged 26-35 during their first interview; f) all were white, middle class; g) working and spoke of enjoyment in their professional lives.

Data collection. After an initial telephone conversation with the participants in their first trimester of pregnancy, the first meeting was arranged. Before the actual interview we discussed what the study involved. Written consent (Appendix B) was obtained, and the women were given full information about the research. It was made clear that they had the right to withdraw at any time and request their interviews to be destroyed. All of the women proceeded to the first interview. Subsequently an interview schedule was developed and each woman was interviewed twice more (in their second and third trimester) in the same office (in Vilnius or in Bristol as appropriate) and then twice more again (within three months after the baby was born and a year after that) when we met at their homes. So in total each woman was seen five times.

The semi-structured interviews (Appendix C) covered a comprehensive description of their embodied and subjective experiences of pregnancy, of its meaning for the participants, of their experience of the baby within and how they made sense of their lived experience of themselves at that moment. They were also asked about the metaphors or images they had about their babies and towards the end of each interview they were also asked to sketch themselves and “a person” of their choice.

Importantly, the questions were used to guide rather than dictate the course of the interview. Participants were treated as experiential experts, and any novel areas of inquiry they opened up were followed. I hoped that the use of the drawings during the interviews would provide me with something ‘to hold onto’, as well as enable the women to relax more and enhance their deeper bodily self-reflection. It is important to

⁴ This is a purposefully multicultural sample and although this fact was significant in the experience of pregnancy, in my PhD thesis I am looking at what my participants have in common with regard to their embodied experience of pregnancy despite their differences.

mention that although the drawings themselves sometimes seemed very informative, they were not purposefully used as a psycho-diagnostic tool here.

Data collection lasted approximately three years and resulted in more than 30 hours of data, later transcribed to almost 1000 pages of printed material.

Data Analysis: Interpretative Phenomenological Analysis. IPA is not a prescriptive approach; rather, it provides a set of flexible guidelines that can be adapted in light of specific research aims (Smith & Osborn 2003; Smith et al 2009; Eatough 2011; Smith & Larkin 2011). Stages used throughout this analysis were as follows:

- a. **Reading and re-reading:** The transcript was read several times while listening to the original recording. The feeling is of immersing oneself, of active engagement with the data in order to „enter“ the world of a participant. It also facilitates an appreciation of how rapport was built across an interview and highlights some of the nonverbal and prosodic features (e.g. sighs, laughs, interruptions, pauses etc) of the interview.
- b. **Phenomenological coding:** The left hand margin was used to make notes of anything that appeared significant and of interest, while taking things at face value: What matters to the woman? What are the key features of her experience? What does the experience appear to mean to this woman?
- c. **Interpretative coding:** The second stage involved returning to the transcript afresh and using the right-hand margin to transform initial notes and ideas into more specific themes or phrases, a process which calls on psychological concepts and abstractions. The woman's account can bring to light unanticipated issues. At this point it is important to reflect, what else has been said? How our rapport is influencing what has been related? What other meanings might this experience have for the participant?
- d. **Clustering of the themes:** This consisted of further reducing the data by establishing connections between the preliminary themes and clustering them appropriately. These clusters were given a descriptive label (higher order theme title) that conveyed the conceptual nature of the themes therein. Throughout the process of ordering the preliminary themes, the transcript was continually checked and revisited in order to ensure that emerging clusters (higher order theme titles) were fully representative of the source material direct from the participant.
- e. **Moving to the next interview** and repeating the earlier process of analysis. The entire procedure was performed on the next transcript. Care was taken to remain open to new themes arising in subsequent transcripts. The process was therefore iterative.
- f. **Integration:** Looking for patterns across cases. Once a preliminary analysis had been performed on all transcripts, the transcripts were revisited once more and all

quotes were checked to ensure that they were fully representative of the emergent themes and that they could be linked back to the text. Finally, each theme was compared and contrasted across the accounts of the women. Connections between each participant's theme clusters were examined. A master table of superordinate themes was constructed that captured the shared aspects of women's experience across the individual transcripts.

- g. Final write up.** Analysis continued into the process of writing up. It was aimed at providing a close textual reading of the participant's account, moving between description and different levels of interpretation whilst at all times clearly differentiating between them. As the super-ordinate themes were written up, the data was further reorganised and super-ordinate theme and sub-theme labels were revised and / or changed as the final analysis section of the thesis took shape. Extreme care was taken not to alter the meaning of the quotations so as to remain true to the original. False starts and extraneous words were sometimes left as originally transcribed and sometimes were edited out depending on if it was felt or not that such false starts or hesitations were indicative of process and therefore necessary for the interpretation.

Assessment of the Validity and Quality of this Research. While carrying out this research and writing the thesis the following criteria pertaining to qualitative phenomenological research were followed: *a) openness about the researcher's personal position:* related to the phenomenon researched, the methods and the writing style chosen (Yardley 2000, p. 217) and adopting "an open discovering way of being", "capacity to be surprised and sensitive to the unpredicted and unexpected" (Finlay 2011, p. 78; Dahlberg et al 2008, p. 98); *b) sensitivity to context:* related to close acquaintance with the language the research is taking place in, the socio-cultural milieu in which the study was situated, the existing literature on the topic and the material obtained from the participants. However, "in IPA the relevant substantive literature is used to help orient the study", while the findings are related to relevant literature in the discussion, which "often includes a dialogue with literature which was not referenced in the introduction to the study" (Smith et al 2009, p. 181); *c) commitment and rigour* related to (Smith 2003, p. 233) the degree of engagement demonstrated and to the thoroughness of the study, in terms of the appropriateness of the sample to the question in hand and the completeness of the analysis undertaken; *d) transparency and coherence* (Yardley 2000) referred to how clearly the stages of the research process were outlined in the write-up of the study. The coherence of the study in this case also meant attempting to maintain a fit between the research carried out and the underlying philosophical assumptions of the approach

being followed; *e) reflexivity and vividness of description* (Finlay 2011, p. 79-80): throughout the whole thesis the attempt was made to retain the use of vivid, lively language and to avoid the unnecessary terminology, to keep a critical (and embodied) self-awareness of my own (inter-) subjectivity, processes, assumptions and interests; *f) impact and importance*. As Yardley (2011) argues, however well a piece of research is conducted, a key test of its validity is whether it actually tells us anything useful or important or makes any difference in terms of both theory and social change or practice. I hope that this study might do that.

RESULTS

Analysis of the transcripts yielded data covering a wide spectrum of the women's embodied experience during their pregnancy and the postpartum year. However, due to the limited size of the paper and after some hesitation, it was decided to present only a small part of the data in the actual PhD thesis:

1. The data from one consecutive case in order to help the reader establish continuity and show the process or the dynamics of experience in more detail;
2. The results of all women of their second trimester of pregnancy to capture the important shared aspects of their embodied experience in the middle term of their pregnancies.

This also meant that for the purposes of the PhD thesis, the initial study goals were narrowed to the description and structuring of shared aspects of six women's embodied experience in the second trimester of their pregnancy and identifying and describing one woman's possible dynamics of embodied experience throughout her pregnancy and the postpartum year.

CASE ANALYSIS RESULTS. To facilitate the presentation of my results in an ordered way and to help me open up some everyday realities I have used Silva's⁵ case. Silva, a thirty-two year old project coordinator, originally from New Zealand, married to an Englishman was living in the UK in her fifteenth week of pregnancy when we had met for the first time. However, it is important to say that Silva's case was used not

⁵ A pseudonym

because it is in any emotional or rational way different from others or representative of all pregnant women. Quite the contrary, it is just as unique as all the other cases. However, Silva's interviews' transcripts seemed to be in the middle range in terms of length, which helped me to make this decision. Silva seemed quite reflective and very willing to tell me about her experience just as the other women in the study were.

The women's accounts were prioritised in the research and The Analysis of The Results is given the largest space in the PhD thesis itself. However, here, in this summary, due to limitations of size, Silva's results will only be touched upon briefly: firstly, to give some authentic feel, her self-portraits with related comments from each meeting are presented, secondly, to show some dynamics, the main clusters of the themes are listed. Emphases and insertions are from the original transcriptions.

Silva's first trimester: "[My mum says to me]⁶ I must basically lie down for the entire nine months. That is not the person I am at all⁷ (...) ⁸ you know part of me wants to start climbing those (*whispering*)⁹ mountains again, you know physical mountains and get out and climb trees (*laughs*)" (S1, 437 - 442); "I was sort of expecting not to show for ages, because being so tall, you know (...) It [my belly] shouldn't really be visible" (S1, 1046-1052)



Picture 1: Silva, self-portrait from the first trimester.

At the end of the analysis of Silva's first interview (15 weeks), the following clusters of themes were formed: (1) the physical reality of Silva being pregnant appears to be different to what she had expected; (2) Silva attempts to domesticate her physical reality¹⁰; (3) subjectively Silva's internal body space is "filled" with fantasies¹¹; (4) Silva declares the importance of an external boundary; (5) she searches for her new embodied

⁶ Words in such brackets are my explanations.

⁷ Words underlined were being said with a greater emphasis.

⁸ Such brackets indicate editorial omission. Such material has been omitted purely for reasons of space and is not relevant to the themes of the paper.

⁹ Words in such brackets provides with additional information.

¹⁰ "I have to stop myself touching my belly" (S1, 857); "you have got to try and be happy" (S1, 627-328)

¹¹ "I really felt there was something feeding off me and I felt a very alien" (S1, 674-675)

identity (she feels she is drawing back from her partner; getting closer to women with similar experience, supported by other women but not men and exploring her own motherliness).

Silva's second trimester: "Doesn't look very much like me at all, how strange! That is really strange! Looks like somebody else because I can't really imagine myself straight. (...) Strange! I think that / that must be it, I have stopped thinking about myself, which is quite nice" (S2, 1229-1235)



Picture 2: Silva, self-portrait from the second trimester.

Silva's experience at the second trimester (22 weeks) could also be characterised by five clusters: (1) Silva is scared of her changing bodily reality and desires to govern it in some way, (2) the image and bodily felt presence of a baby is in the making, (3) discontinuous and confusing outer body boundary, (4) the pregnant embodied identity is still in the making, (5) bodily challenges and lessons (Silva learns how to listen to her own needs and how to slow down).

Silva's third trimester: "It seems like my face has shortened – actually I am not bothered about my face – I could cover it with hair, it doesn't seem of any interest for me. It is more about, you know, different person that's eh... / it is more about this area here to me ... (*darkens some lines around abdomen area*)...and the touch is so important at the moment as supposed to sight / [which] is not" (S3, 1020-1026)



Picture 3: Silva, self-portrait from the third trimester.

During the analysis of Silva's interview from the third trimester (36 weeks) the following clusters of main themes were formed: (1) expansion of bodily boundaries and

the feeling of powerlessness, (2) embodied identity established (the lack of intimate relationships and lowering of self-esteem, acceptance of her appearance and self-preserving decisions, the lack of energy and an inward concentration, identifying herself with her own sisters with similar experiences); (3) embodied acquaintance with the baby to be¹²; (4) an attempt to control the delivery and pushing her husband aside¹³.

Silva at three months after the birth: [To draw] “myself?... no idea... really weird... A bit of liner... Oh, my God, I think I better have baby in my arms, don't I? Hello, hello you little one [to her son] ... I have got lovely strong arms... lovely strong legs... Strength is just amazing to me. Returning into your body as well as into your mind... What a robust looking body!” (S4, 2052 -2061)



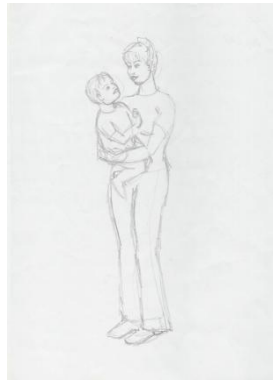
Picture 4: Silva, self-portrait with her three month old son.

In the analysis of data from Silva's interview three months after the birth the following clusters of themes were formulated: (1) an attempt to find her new bodily boundaries; (2) embodied maternal identity (freeing herself from being turned into „boobs“ (or „baby feeding machine“), the return of both her intimate life and self-confidence); (3) embodied change of priorities (interest in her appearance goes into the background, the return of energy and the strong wish to spend time at home, the importance of focused tactile communication, the need for a harmonious environment).

Silva a year after giving birth: Researcher: “I've noticed that you have quickly moved away from your body experience back to M. [her baby] again. Have you said everything you wanted to say about your reaction to your own bodily changes? S: yeah, I don't mind any of them. I don't care (*laughs*) I really don't care. I think I am attractive enough. And I don't really look at myself. I do have moments when I think I am just going to glam myself up and I do it. And I think, good girl, you can still do it” (S5, 301-309)

¹² “While he moves about, we have a little / we have fun together” (S3, 234-235)

¹³ “This is a women's time” (S3, 508)



Picture 5: Silva, self-portrait with her one year old son.

The analysis of Silva's interview a year after giving birth helped to form the following clusters of themes: (1) consolidating new boundaries (the desire to form a little and safe family world of her own, strengthening her own personal boundaries); (2) maternal embodied identity (child is "carried" within her head; the need to lessen her control of her body; the reflections of motherhood in her changed body).

THE SECOND TRIMESTER OF PREGNANCY. Once analysis had been performed on all transcripts and each theme was compared and contrasted across the accounts of the women, connections between each woman's themes clusters were examined, a master table of superordinate themes in each of the trimester was constructed.

However, this table (Table 1) shows each higher order theme and the subthemes that compose the experience in the second trimester of pregnancy. A brief illustrative data extract is presented alongside each theme. For me, this table is the outcome of an iterative process of moving back and forth between the various analytic stages ensuring that the integrity of what the participant said has been preserved as much as possible. An "independent audit" (as advised in Smith et al 2009, p. 183-184) by my supervisor and one independent researcher to see whether it is possible to track the analytic journey from the raw data through to the end table was conducted.

Table 1

**Superordinate Themes of Embodied Experience of Pregnancy
In the Second Trimester**

Superordinate theme 1: THE UNCONTROLLABLE BODY

1. The body keeps changing all by itself:

Eglé: *of course you are getting larger; it's all out of control*

Fiona: *there as if... no going back*

Kamila: *it seems to have just rushed on without me really thinking about it; it's just happening*

Saulé: *it is expanding sideways / very strange / oh, my God, I am thinking*

Silva: *Your body just goes bananas, and... starts changing*

Vaida: *I have gained fifteen kilos [already] and I don't know where it will stop*

2. Unwelcome bodily changes:

a. Getting fat:

Eglé: *right now I am not gaining much / I am gaining a little bit*

Fiona: *I am positively terrified of getting fat, my clothes are getting tighter – yikes*

Kamila: *becoming this sort of hot and sweaty and just BIG, big, big*

Saulé: *difficult [to draw] myself so wide; [my body] certainly is certainly getting broader*

Silva: *[my body] hasn't grown too much more and so I feel I have been very /very lucky*

Vaida: *if you are told ten times a day that it is a lot [talking of weight], it starts affecting you somehow*

b. Losing previous appeal:

Eglé: *I'm losing my / you know / these youthful forms*

Fiona: *when I consider my body as a pregnant body, I feel sexy. When I consider it as fat, I feel extremely un-sexy*

Kamila: *I was just kind of... kind of sweaty and a bit... I don't know... a bit kind of scatty*

Saulé: *my blood vessels show everywhere, on [my] belly, bust, legs, everywhere, just like rivers flowing*

Silva: *I can see my body is ageing; my body is tiring*

c. Body alienated:

Eglé: *YOUR belly is growing*

Fiona: *I am curious to see how my body will change; the whole thing still seems very abstract*

Kamila: *I don't think this is me, I want to go back, I want to have the body I had before / not to have damaged*

Saulé: *and those legs!!!*

Silva: *I don't recognise [my body] as myself; I don't recognize this face*

Vaida: *the weight is just increasing (...) however I am not aware of it changing*

3. Fear of losing control in the future:

a. Fear of giving birth:

Eglé: *women have had different experiences [of giving birth]*

Fiona: *whether I would be supported in my decision to have natural child birth*

Kamila: *you can't have someone you know but you're so much out of control anyway*

Saulé: *when [they] told me [about giving birth], it seems oh, oh, oh...!*

Silva: *if you end up being too terrified, too tired, in too much pain, too traumatised, what-good-is-that?*

Vaida: *I certainly don't want any painkillers, I need that humanity much more*

b. Fear of not being able to get day-to-day life with the baby under any control:

Eglé: *I even didn't know how to touch him [the baby in my dream]*

Fiona: *how do you juggle so much without dropping something, especially the baby?*

Kamila: *I didn't know how I would feel about childcare and all this*

Saulé: *I'd need another pair of eyes in the back of my head; how will I manage everything?*

Silva: *I can't run around with him every single day; you have no idea what our situation will be like*

Vaida: *I am scared of [the grandparents] stepping in with: "there is not enough milk", "poor child is starving"*

4. The fear of miscarriage:

Eglé: *there are certain things we cannot talk [about], especially to younger women; what they don't have yet*

Kamila: *I cut off 'cause I've got friends who have had miscarriages and [I know] how common it is*

Saulé: *each time it is such an anxiety to go to the loo / you always check, check (x2) is everything alright*

Silva: *when he is not very active and won't poke for a whole day, you think "Why have you stopped?"*

Vaida: *[I was fearful] their [my relatives'] anxiety would stop me from ever being able to give birth*

5. Pregnancy and other irreversible transformations:

Fiona: *[pregnancy] makes me more aware of the cycle of life especially because my mum is so ill*

Kamila: *my parent is gonna be old and I'm gonna be a parent*

Saulé: *it was a real shock to learn [about my mum's and possibly my own diabetes] / it is a senile [type B] form*

Silva: *no idea what will happen to those little people! I feel the same / I lost my father only last year*

Vaida: *[my grandfather] was diagnosed with bladder cancer*

Superordinate theme 2: BODY AS MY TEACHER

1. Body wisdom:

Eglé: *earlier it was different – I wouldn't feel the time passing so much*

Fiona: *I'm fascinated.... you know.... genuinely in awe of how much needs to go right and usually does*

Kamila: *I was amazed... sort of like - Wow! This biological thing happens, it works*

Vaida: *I am now without any laboratories, without any money, I am creating a human being who will be unique*

2. Tiredness as a signal:

Eglé: *now / there / three hours goes past and I know I need to go and take some rest*

Fiona: *now I have more energy but I still seem to need more sleep*

Kamila: *just fell asleep early in the evening about nine; haven't been going out much at all*

Saulé: *I am not rushing into doing something or other, because then you collapse like a wet rag*

Silva: *I don't feel like travelling, I feel like just being at home and loving my house*

Vaida: *in the first months I was getting tired all the time; [now] I could be pregnant all my life*

3. Learning from food cravings:

Eglé: *just have to be very careful with different meals*

Fiona: *I have been eating well; Buddy [jos būsīmas kūdikis] made me do it*

Kamila: *I don't like eating things out of sandwich shops; maybe it's got germs in it*

Saulé: *it seems I want something, then again – not anymore; [they] say I need butter, so I eat butter*

Silva: *[eating meat is] like eating flesh; something to do with (...)the actual living being, the little person*

Vaida: *my organism is the best thing to tell me what is lacking and ... then I eat what I want.*

4. The meanings of changes and pain in the breasts:

Eglé: *smaller breasts made me feel I could move everywhere; now I feel like those poor [full breasted] girls*

Fiona: *my breasts itch like crazy and I keep wanting to grab them in public and give them a good old scratch*

Saulé: *I didn't expect that it [my bust] would grow that much; [my husband] really likes it big*

Silva: *my bosoms have become much sort of wider and bizarre; I feel very / kind of more mumsy*

Vaida: *my breasts are painful; sometimes I feel such a stabbing pain, then – gnawing / they just need to prepare*

5. Contradictory evaluation of heightened body sensitivity:

Eglé: *now I'm very sensitive; I can't stand this smell [of cooking]*

Saulé: *very sensitive / very much; I feel dizzy like a small child who's just got off a swing*

Vaida: *a pregnant woman can't fall on her tummy / just not possible unless she has no sense of her body at all...*

Superordinate theme 3: UNCERTAINTY ABOUT INNER AND OUTER BOUNDARIES

1. Desire to find the inner boundary and the baby

Eglé: *you can't really tell whether something is pressing or it is really the baby inside*

Fiona: *we're in this together so of course of course of course... I'm going to take care of myself*

Kamila: *it's not like me getting fat, it's like baby being more and more obvious*

Saulé: *[my husband said] he has heard it already earlier – someone is scratching in there*

Silva: he is on the outside of me not inside of me, even though my skin is over the two of us
Vaida: not clear what is in there – is it a movement [of the baby] or just intestinal rumblings

2. Desire to establish an outer bodily boundary or “Whose Body is This?”

Eglé: he should be starting to move right now, because my doctor said he will be moving around

Fiona: suddenly you are pregnant and you become public property

Kamila: checking your urine blood, etc. but not talking, which I miss

Saulé: I am lacking calcium but (...) we are not taking it [because] doctor hasn't told us to [take it]

Silva: men have begun to start touching my stomach; I have said "no" to most, but friends - "yes"

Vaida: [doctors talk to students]: "look, such small breasts, but lactating", "come, touch if you wish" (laughs)

Superordinate theme 4: EMBODIED INDENTITY IN THE MAKING

1. Switches in roles:

Eglé: you look at your parents for some stability; you see that they are less familiar with their surroundings

Fiona: I hate being told what to do or how to behave; it's a lot like being a teenager again

Kamila: getting into a position of responsibility towards him [my dad]; it's always been the other way round

Saulé: [our] mum is cooking for us [me and my pregnant sister], making our food and other things

Silva: I sort of need her to be my mother occasionally like now

Vaida: if she [my mum] were a child, I would have told her very firmly "calm down and deal with it"

2. Observations about partners:

Eglé: I haven't noticed but my husband somehow says that my hips are getting larger

Fiona: people are so much happier than me and Steve, our feelings are more subdued, tentative

Kamila: thinking about how he is, whether he finds me attractive and what he's thinking, I'm very conscious

Saulé: he [my husband] likes it very much, says "you are very" / he says "very beautiful in a healthy way"

Silva: it's different for me, you know Marcie's there all the time and it's not a constant reality for the husband

Vaida: about that changing weight, he says, "it's good, don't even think about going on a diet, you have to grow"

3. In search of parallel experiences in others:

a. Sisters in embodied destiny:

Eglé: another woman who has just had children; that's the best and the most comfortable source

Kamila: I've got friends who have had miscarriages and [am very aware] how common it is

Saulé: her's [my sister's] belly is already nearly twice as big; she is larger, it's more difficult for her

Silva: her stress levels are much much higher than mine; it's an absolute breeze for me in comparison

Vaida: there, there across my abdomen; I wasn't feeling any pulling in the skin as they said would happen

b. My body as my mum's:

Eglé: [I am as] I always remember her [my mum] as that full rounded woman

Fiona: don't feel attached to the baby yet; she [my mum] seems to be coping extremely well but I am not convinced

Kamila: I think she [my mum] remembered being pregnant herself which was a similar situation

Silva: looks like my mother here [in her drawing] but I suppose it isn't my mother, is it?

Vaida: I think it won't be painful [giving birth] while my mum says "good / good just wait, wait and we'll see"

DISCUSSION

Only after writing up the full results as they emerged while carrying out the interpretative phenomenological analysis, was the remaining literature on the subject opened up. This is when I learned that there is no research to be found which looked specifically at embodied or bodily experience in the middle of pregnancy, with the women researched being in their second trimester at the time of interview.

Therefore most of the discussion of the analysis is done by employing parallel but not identical research. Here is something of what was formulated in the end:

(1) *These women experience their changing body in pregnancy as uncontrollably deteriorating.* The analysis of data in the second trimester opened up the experiential fact that women are quite often in awe, but most often in genuine despair when faced with their inability to control their bodily changes in pregnancy. While Silva's data showed that this feeling of personal inability to control and the need to control both her body, and (later) also her environment and the delivery process, grew with the progress of her pregnancy. Some other researchers (Warren & Brewis 2004, p. 223-224) in their retrospective studies also guessed that such dynamics are possible. Meanwhile others (Nicolson et al 2010; Gil-Rodriguez 2008; Longhurst 2005; Johnson et al 2004) didn't pay so much attention to the feeling of inability to control, but found that women are worried about getting away from their usual, and further away from the ideal, body in pregnancy. Johnson et al (2004) also noticed the negative language used by women to describe themselves or their own bodies getting big ("fat", "like a big fat cow", "strange", etc.).

In order to explain such feelings of negativity I invoked a sociological theory of embodied capital by Bourdieu (1986), Featherstone (1987), Shilling (1993), Crossley (2001) and also the theory of Bordo (1993), who, being more gender specific, claims that being able to control their bodies is even more important to women as they normally experience their body as less orderly anyway.

However this research showed that the women researched didn't want to employ any artificial mean to control or restrain their bodies as offered by some of the theories (Bordo 1993), although they were considering exercise or dieting. Even more so, Silva felt very negatively towards her husband when he expressed his desire to buy her a corset to make her "*more beautiful again*" (S3, 306)

This research also opened up some other details not found in any earlier research. For example, it extended and in a way contrasted with Strang & Sullivan (1985) and Drake et al's (1988) research, who claimed that women's self-reported level of bodily dissatisfaction grows with the process of pregnancy. This research showed that the dissatisfaction did grow indeed but only up to the point when the pregnancy becomes externally obvious (Kamila, Silva, Saule, Vaida, Egle) and different from any other

situation (for example, of getting fat). From this point the growth of their abdominal area becomes much more acceptable to the women. Women start to feel more sexual, more feminine again. However, the “more acceptable” relates only to the growth of the abdomen associated with the growth of the baby. Other changes, however, such as alterations of their hair, nails, teeth, skin or blood vessels, broadening of hips and legs are still observed as if through a magnifying glass and with a feeling of despair.

(2) *A pregnancy may amplify the experience of personal embodiment; however such enhancement is not always welcomed by the women themselves, just as it does not necessarily motivate their personal growth or maturity.* The idea of a pregnancy amplifying the women’s experience of their embodiment (Merleau-Ponty 1945/2006; Van Manen 1998) mentioned in the introduction appeared to be true in so far as most of the women, and in contrast to Gil-Rodriguez’s (2008) research, talked not only about their changing body image or ‘the objective body’ per se, but also, as they became more used to me, very much about their embodied experience, or ‘the lived body’ experience. I could even argue that drawing, even if difficult for some at first, paradoxically relaxed them even more enabling the voicing of pre-reflected nuances (see Gendlin 1996) and opened up some of the “pre-separated multiplicity” of embodied feelings (see Todres 2007).

However it is also clear that these women didn’t necessarily feel this amplification of awareness as a positive change. In pre-pregnancy Camilla normally perceived herself as “*small and running around*” (C2, 708-709), Eglè emphasized that she doesn’t normally „*fluctuate in weight very much*” (Z2, 122), Silva normally felt she looked just “*beautiful enough*” (S1, 964). Therefore before getting pregnant, they didn’t seem to have had a need to have to look after their bodies in any major way and viewed their bodies quite instrumentally as a “vehicle of being in the world” (Merleau-Ponty 1945/1962, p. 82). Meanwhile in pregnancy they felt quite resistant to the body coming into the foreground of their everyday experience. The personal sense of stronger embodiment associated with more anxiety for them and therefore there was a greater wish to cut bodily feelings off from their experience.

Just as some other research (Johnson et al 2004), for example, talks about women in later pregnancy wishing to get their pre-pregnant bodies back, this research showed that women in their second trimester as well as Silva throughout her maternity

transformation talk about their body as if it is separate from them. They talk about their bodies in an impersonal manner (“it”, “that body”) or laughs nervously when talking about a particularly touching personal encounter. This kind of “unusual” laugh is also mentioned in Bondas and Eriksson’s (2001, p. 838) research findings.

It became clear, therefore, that embodied maternal transformation simply provides women with the possibility of personal change. Some women might welcome it (for example, Vaida) or others might despise it and not find it useful at all (Kamila, Silva, Eglè, Saulè). On the one hand, some feminist theories (Bordo 1993; Bailey 2001; Grosz 1990; de Beauvoir 1949/1996; Iragaray 1996) and early psychoanalytic theories (Freud 1925; Erikson 1968) which raise the question of social inferiority and the need to avoid it might come in useful here in explaining the internal dynamics of this process. On the other hand, we could look at the theories of Hughes (2000, p. 22) and Bataille (1997, p. 250), that relate heightened experience of personal embodiment with the fear of being reminded of an inevitable process of growing old and of being mortal, for some explanation and further theorising on this issue.

(3) *In the course of pregnancy and within the first year after birth women may experience their embodied personal boundaries as changing.* While following the inner dynamics of Silva’s embodied experience during her pregnancy and within the first year after giving birth, it could be noticed that she starts pregnancy with a very strong awareness of her external boundary somehow shifting and therefore wishes to strengthen it. She claims „*I am going to have to say: this is "a no touch bump"* (S1, 401-402) while talking about her physical boundary in the first trimester of pregnancy. Also, while talking about a personal situation, her situation at work, where she was made to work with the same efficiency as usual and felt she was risking her own health, she refused to make her pregnancy known for a while. So although she says she “*was just hanging on to be alive*” (S1, 102-103), she reminds herself (and me) that it is important for her to keep her boundaries firm as “*in the end this is my pregnancy and I understand I have a right to tell people when I want to tell them*” (S1, 108-110).

However within the second trimester, together with the feelings of inner stirrings of the baby inside themselves, all women researched speak of beginning to lose a clear

perception of both their internal and external boundaries. Silva describes this experience of her inner boundary in relation to her baby to be:

It's very much you feel (...) / I feel he is cuddling me, I feel he is on the outside of me not inside of me, even though my skin is over the two of us (S2, 815-817)

Also it becomes clear in the analysis that in relationship with the food Silva eats, the medical professionals she meets or in relation to other people she keeps losing a clear sight of her own external boundary and sometimes she just stops caring anymore, is “*perfectly cool*” (S2, 1011) with what happens to her body:

I want to let them [strangers, men] in to a degree because I don't want them to feel that it [pregnancy] is that strange” (S2, 1027-1029)

In the third trimester, Silva subjectively experiences her boundaries as becoming even more vague up to the point of expanding so much that it feels as if they have almost disappeared. She shares very intimate details of her life (i.e. the lack of sexual life, her masturbation fantasies) not only with her pregnant sister-in-law, but also with me. Interestingly also, it seems that Silva perceives her own house together with the builders working in it as being part of her. She even talks about the situation using the names of human bodily parts (“*I had woken up in the middle of the night, cleaning the house from top to toe till four in the morning*” (S3, 725-727). At the same time she experiences an extreme exhaustion, helplessness, resignation and the need to close down (for example she, avoids meeting with her old friends, avoids her husband seeing her naked). So it seems that at this point she is both taking in a lot more and closing down to many more things and people at the same time.

Three months after giving birth Silva perceives her dignity broken and her personal external boundary as somehow breached by the process of giving birth and of feeling left with “*the raw wounds*” (S4, 951) and by being treated impersonally as only a “*machine to feed [the] baby*” (S4, 281) by both her husband and midwives. The bodily boundaries were also initially so unclear and her inner emptiness so frightening, that Silva claims she was initially scared to touch herself:

It took me quite some time to touch it [my body] at all. I was a bit scared that if I put my hand in - it would just keep going or that I would find a hole in my stomach or something and it was quite a spooky thing (S4, 1280-1285)

However Silva feels some unity beginning to come back due to the revival of their previously lost sexual life: “[*we are*] kind of connected (...) we just of need to be

together, we need / we need to kind of mate, we need to be animals with our baby animal” (S4, 1220-1225). However, the fact that she is still in the process might be illustrated by the fact that her boundaries sometimes include as little as only her and her baby, sometimes – the three of them, and sometimes – entire problems of her friends, extended family, house and even parks.

Finally, a year after the birth Silva experience the formation of new and more definite boundaries again, although the description of “*our little happy bubble*” (S5, 190, 374, 375), as she repetitively describes it, and her fear of anyone else disturbing them, easily shows how fragile those new boundaries still are. Also at this point, it is clear that, in relation to me, she clearly draws a line, a boundary and prefers to be more formal in our interview than she was in our previous ones.

Unfortunately there is little description of the dynamics of boundaries within pregnant embodiment to be found in the theories (e.g., de Beauvoir 1949/1996; Kristeva 1982; Young 1980/2005). Whilst most feminist (Rudolfsdottir 2000; Marshall & Woollett 2000; Bailey 2001) and sociological research (Houvouras 2006; Draper 2003) deal with pre-formed assumptions and hardly touch upon the subject of boundary dynamics in pregnancy. Therefore it is important to keep this area open for future research.

(4) *Embodied relationship with the baby within might be experienced as a major transformation and as an on-going ambivalence.* The maternal transformation, as it is reflected in the way women talk about themselves in different stages of their pregnancy and early motherhood, could be described as the development, or the progress, of a slowly changing emphasis, although unavoidably overlapping, from that on self to that on the baby. To be more specific, analysis of the interviews has shown some of the possible directions that embodied experiences of the transformation due to maternity can take:

- The changing emphasis from that on a woman herself being in a specific condition; being tired, worried about her work and mostly scared of an uncanny ‘it’ (the foetus) in the first trimester, to:
- The beginnings of an embodied relationship, which escapes language and reflects itself in the challenging sensation of the baby moving independently

inside, who at the same time feels ‘outside, yet inside’ of the woman; images of cuddles and of rocking to sleep come to their minds in mid-term, via:

- An ambivalent and confusing development of transition with fantasies of having fun, tickling and playing along with empathy about the baby’s lack of space and comfort towards the end, to:
- A meeting with, and being overwhelmed by, a new person, followed by
- The creation a time limited self-sufficient container.

This is discussed in terms of the theories of Raphael-Leff (1993, 2009), Stern (1995) and Pines (1993). In contrast to those writers who assert that: the “maternal constellation” as described by Stern (1995, p. 171) might take place much earlier – even in the beginning of a pregnancy. The beginnings of this new “psychic organisation” might present itself in the middle of pregnancy and, for most (Vaida, Silva, Eglè, Saulè), as early as the first months, generally after (or even – during) the first scan; b) some of the “maternal constellation” Stern (1995, p. 171) traits might never happen (e.g. for most of the women (Silva, Kamila, Vaida, Fiona) it was always important to have their partners-as-a-sexual-partner); and lastly, c) women might experience their babies as both - ”a benign presence” and as “a parasitic invader” throughout the pregnancy in contrast to what was said by Raphael-Leff (1993, p. 65). So in this research it became clear that an on-going fluidity within this particular experience of the unborn babies is possible although the relationship generally becomes more positive towards the end of pregnancy.

It also emerged that the early foetal ultrasound might encourage a more positive relationship with the baby to be, however it might also influence the development of a more passive relationship with the woman’s own body, up to the point of experiencing her own body as a separate object.

(5) *The experience of embodied identity was closely related to other people.* The research clearly demonstrates the fundamental “body-self-world intertwined” concept (Finlay, 2003, 2011), as by experiencing change in their physical reality and in preparation for an identity change, women experience themselves differently in physical relation to other people whilst they look to others for clues as to how they are perceived by them. This is congruent with the findings of Smith (1999) and it seems that this

experience in its essence resembles Merleau-Ponty's (1964/1968) description of people being used as living mirrors for each other.

However, it was also discovered that, in their second trimester, all of these women at least, preferred those people who were in close physical proximity to them, as opposed to those who were distant, along with those having a resonant experience (women, pregnant women, women with small children, their own memory of their own pregnant mother) as distinct from those who didn't share such experiences.

Also in some of the women the pregnancy experience resembled that of their adolescence in terms of the way they were treated by the external world (Fiona, Saulè, Vaida), in terms of their memory of the last quick acting bodily change (Eglè) and in terms of their perception of themselves as both being simultaneously responsible for others and in need of being intensively cared for in their own right (Silva, Vaida, Saulè, Eglè).

(6) *A woman might experience her pregnant body as imbued with wisdom.* This theme was not as frequently expressed as the others, but it was clear that most women experienced their bodily changes as “wise ones” (see table 1, superordinate theme 2) and felt they could learn from them. Marshall (1996), Bondas & Eriksson (2001) also speaks about changes following on from bodily ones, however they (Marshall 1996, p. 263) have in mind either changes of appearance only or claims (Bondas & Eriksson 2001) that pregnant women might focus on their bodies for some clues and answers but these authors view this negatively as “this might be an attempt on the part of the woman to avoid thinking of the baby or the changes in her life after it is born“ (p. 835) and also that this “may create problems if a woman does not consult the maternity centre“ (p. 836) about her bodily changes.

However, I am convinced that some women may learn and are learning some very important things from their bodies while expecting. For example, in this research, women were telling me that they have learnt: a) you don't have to worry about everything as the body has a natural tendency to look after itself (“*a pregnant woman can't fall on her tummy that's just not possible unless she has no sense of her body at all*” (Vaida, V2, 201-203)), b) to notice some early signs of what their bodies need very early on (Eglè learns to rest before eating, for example; Silva and Kamila claim to know exactly what food is good for them), c) that most good things might happen without

them even having to know about them (“*I'm fascinated.... you know.... genuinely in awe of how much needs to go right and usually does*” (Fiona, F2, 79-81)). There is then the possibility that those lessons provided by their bodies might come useful to them in the future both while learning to understand the needs of their own bodies and while raising small children who are still unable clearly to put their wishes and / or requests into words.

In summary, even though there is a consistent confusion in the language of mothers-to-be while they describe their embodied experience in their pregnancy, and despite the fact that they are negating their former sense of their embodied self and life world and also, despite the women feeling that they might have changed irreversibly in appearance, they still – and I am referring to these stories with relatively happy endings related by these specific women - revel in a hugely rewarding experience if only for a while. Nevertheless, none of the participant’s stories were this clear-cut or linear. Hence I agree with Smith et al (2009), Eatough & Smith (2008), Finlay (2011) that phenomenological research comes in as a useful tool here as it enables us to see and illuminate some patterns across case studies while still recognising the particularities of the individual lives from which those patterns emerge.

Some Personal Reflection on the Research Process. The notion of reflexivity is vital to qualitative research (Willig 2003) as it rejects the idea that a researcher can remain detached and impartial from their own phenomenon in order to provide a truly objective view. It is therefore extremely important to reflect upon my own position in relation to the phenomenon of embodied pregnancy experience in order to consider how I may have shaped and influenced both the process of the research and the findings or superordinate themes formulated.

My own personal attitudes during the 15 years of research and the writing up process (at the beginning of which I was a childless woman and at the end - a mum of three) shifted a great deal. More on this is to be found in the main PhD thesis, however in this summary I would like to reflect briefly upon some instances of deadlock in the research process which might prove useful to any future exploration in this area.

First of all, I have to admit that initially there was also a fifth superordinate theme formulated – “the confusion of embodied experience and the puzzle of evaluating it”, where all the contradictory evaluations of appearance (e.g., I am very beautiful, yet I am very unattractive at the same time), of internal embodied feeling (e.g., physically my pregnancy is a very easy process, yet it is also very complicated), contradictory needs and dilemmas were included. Yet, later, I decided to abandon this theme as I realised that it’s construction was the reaction to my anxiety in the struggle to maintain empathy whilst accepting a woman’s statement and then, very soon afterwards, the opposite of it, to digest the expression of what seemed to be an on-going confusion or perhaps even my own feeling of being confused by the women. Later, after I had made the decision not to stop at this level but to move further and deeper with my analysis, it was interesting to learn that Raphael-Leff (1993) encountered a similar process in her theory making whilst Bondas & Eriksson (2001, p. 829-830), Johnson et al (2004, p. 365-366) stopped at the level of experiencing being “confused”.

I feel it is important to mention this process within the development of the research as, in some way, it echoes what happens in medical practice and in society at large where the stereotypes: “pregnant women often don’t know what they want themselves“ or “there are hormones, but no logic” still prevail. I hope my work has shown that, if we are prepared to look further, we could find that there is a deep embodied logic in these experiences of women. It might even be that those who encounter expectant mothers professionally (e.g., midwives, gynaecologists) prefer not to admit to this as it may provoke similar personal experiences within themselves which can be both very deep and very painful.

Secondly, while trying to stay with the defined phenomenon of “body phenomenology” only, I was repeatedly made to realise the fundamental impossibility of the task. The women themselves kept bringing other people in while reflecting on their bodies and, although it expanded my research much further than I had initially hoped, it proved that the human body is never experienced as a distinctly separate object. Therefore there is a need to talk about “human embodiment” instead of “a human body” experience. As I discovered later, a similar conclusion was also made by Smith (1999a), Smith et al (2009, p. 164-172) and Gil-Rodriguez (2008).

Thirdly, my major mistake was in using a Life Events Questionnaire (LEQ) in the research. In the middle of collecting my data I realised that this choice was made in an attempt to create a slightly “more academically respectable” ground with the participants, with the university I am doing my PhD in and also, perhaps, because I was quite scared of staying on my own with the unstructured material provided by my participants. I now feel that the filling of this questionnaire might have got in the way of creating the best rapport with the participants as it might have given me some appearance of unnecessary expertise in their eyes. Although I also hope that it has perhaps helped them to feel that our conversations were more situated in their lives.

Finally, it is important to note that the findings were based in a particular research situation, where it was quite possible that, in both a positive and a negative way the women might have been influenced by the fact of the researcher being a woman, a mother and similar in age to the research participants themselves. Sometimes, therefore, I repeatedly got responses of the type: “*you know what it’s like*” and I kept trying to consciously refuse to use my personal expertise in pregnancy and mothering whilst encouraging the women to open up to their experiences by remaining curious and concerned (“*please tell me, what it was like for you*”) throughout. On the positive side, however, I felt that some of the content and details were whispered to me before they were even firmly developed in their own thinking or feelings, before they were shared with anyone else for which I felt, and still feel, deeply privileged as only this particular research with these very reflective women has allowed me to identify and structure this very important part of human experience.

CONCLUSIONS

1. In the attempt to capture the shared aspects of embodied experience of pregnancy in the second trimester, interviews with six first time pregnant women in that trimester (20-27 week of pregnancy) from different cultural backgrounds were analysed. Four superordinate themes, shared by all or most of the women, emerged as a result:

- a) *The Uncontrollable Body*: a woman may experience her pregnant body as not obeying her conscious control in the present and as unpredictable in the future, with unavoidable and unwelcome bodily changes such as getting fat, losing previous appeal and the accustomed physical characteristics, frightening her with an on-going fear of miscarriage and with an embodied reminder of the finite nature of life,

- b) *Body as my Teacher*: a woman may rejoice in the newly discovered sensitivity of her own body, she may learn to make her bodily changes meaningful and learn some useful skills for her imminent motherhood and her own future from her body,
- c) *Uncertainty about Inner and Outer Boundaries*: a woman may perceive her own bodily and personal boundaries as vague and may attempt to establish her own embodied relationship with the people surrounding her as well as finding the internal boundary, distinguishing her own body from that of the baby within her,
- d) *Embodied Identity in the Making*: a woman is developing her new identity based on intent observation of the relationship with her partner, with next of kin and with women similar to her.

2. Applying theory to the research findings helped to open up some new features of embodied experience in pregnancy for this group of women:

- (1) *These women experience their changing bodies in pregnancy as uncontrollably deteriorating*. Those bodily changes which in the women's minds have little or nothing directly to do with the growth of their baby within (alterations of hair, nails, teeth, skin or blood vessels, broadening of hips, legs, etc.) are judged much more negatively. Also the growth of the abdominal area becomes much more acceptable once it becomes externally obvious that such a change is related to their pregnancy;
- (2) *A pregnancy may amplify the experience of personal embodiment; however such enhancement is not always welcomed by the women themselves, just as it does not necessarily motivate their personal growth or maturity*. Embodied maternal transformation only provides the possibility of personal change; women might or might not use it in that way. Quite on the contrary; when experiencing the body taking its own course of action, women might lose their previous level of self-confidence and become more aware of their own inevitable mortality.
- (3) *In the course of pregnancy and within the first year after birth women can experience their embodied personal boundaries as changing*. They might start with an attempt to perceive and strengthen their external boundaries, but lose a clear perception of them. They might experience their boundaries as becoming vague or expanding or even as disappearing, with external objects and strangers becoming part of their internal self-perception. Finally, a year after giving birth women might experience the formation of new and more definite boundaries again.
- (4) *Embodied relationship with the baby within might be experienced as a major transformation and as an on-going ambivalence*. While the maternal transformation could be described as the development, or the process, of a slowly changing emphasis, although unavoidably overlapping, from that on self to that on the baby; to be more specific, the embodied experiences of the transformation due to maternity might first put the emphasis on the woman herself being in a specific condition (being tired and worried about losing her body as she knows it) and later the emphasis might move to the attempt to distinguish her own bodily boundaries from those of her baby's and thence towards a growing concern with and / or empathy with her (yet unborn) baby's physical and emotional condition within her body. After giving birth this relationship might transform itself into one with the new physical dependency of a new-born, now visible, baby and a new embodied search to find a maternal identity for herself starts to take place. Also it emerged that the early foetal scan might encourage a more positive relationship with the baby to be, however it might also influence the development of a more passive relationship with her own body, up to the point of experiencing it as a separate object.
- (5) *The experience of embodied identity of these women was closely related to other people*. In order to understand the experience of their own bodily processes and to create their own pregnant woman's and new mum's identity, they invoke other people, mainly people in close physical

proximity or those having a similar physical experience to theirs. Also, in some of the women, the experience of pregnancy resembled that of their adolescence.

- (6) A woman might experience her pregnant body as imbued with wisdom, and there is a possibility that lessons provided by her body might become useful to her in the future while learning to understand the needs of her own body and while raising a small child who is still unable to put her or his wishes and / or requests clearly into words.

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Acknowledgements

Thanks to Tone Horwood for feedback and editorial assistance with this English summary.

Appendix A

Recruitment Flyer

Dear Mothers-To-Be,

If this is your first pregnancy and you are still in the first trimester, I would like to invite you to participate in my psychological research, which aims to open up and understand how pregnant women themselves experience their pregnancy and their changing body in pregnancy. The research model I am using is a qualitative one through which I am seeking a comprehensive descriptions of your experience. Through your participation as co-researchers, I hope to understand the essence of bodily experience in pregnancy. The three interviews – of approximately an hour to an hour and a half each – are planned during the pregnancy and twice after your baby is born. However, if for any reason whatsoever and/or at any given point you would like to stop your participation in this research, you would always be able to do so.

Your participation in this research: a) would give you the opportunity to discuss any issues related to your pregnancy with the professional in confidence and for free; you could also be provided with the contact numbers for further help should you feel the need for it; also, b) it would hopefully help me towards facilitation of some improvements in the future of peri-natal services as on the basis of our interviews, the resulting PhD thesis on “Subjective bodily experience in pregnancy” and some practical recommendations for people working with parents-to-be in the future will be prepared and the material, once suitably disguised to preserve anonymity, will also be presented in both scientific articles and conferences.

I appreciate, however, that such participation requires your commitment in terms of time, energy and effort. If you have any further questions or would like to volunteer I can be reached at [telephone number].

Agnė Matulaitė, a psychologist and a PhD student of Vilnius University, Lithuania.

Appendix B

Participant Release Agreement

I agree to participate in Agnė Matulaitė’s research study on body experience in pregnancy. I understand the purpose and nature of this study and I am participating voluntary. I agree to meet with Agnė Matulaitė for five interviews of 1- 1,5 hours each. The time of each interview will be agreed mutually.

I also grant my permission for tape-recording of the interviews and for the data to be used in the process of Agnė Matulaitė completing a Ph.D. degree, including a thesis and any other future publication. I understand that a brief synopsis of each participant, including myself, will be used and although my first name as well as names of any people I mention will be changed, it will however include the following information: my age, my profession or education, my ethnic group, my country of residence or origin, the name of the city where necessary, my marital status, number of my children or any other pertinent information that will help the reader to come to know and recall each participant. I grant permission for the above personal information to be used.

I have been informed of and understand the possibility of cancelling my participation in this research at any point.

Research participant / Date

Xxxxxxxx

Researcher / Date

Agnė Matulaitė

Appendix C

Interview Schedule

Interviews during pregnancy (X 3):

1. Please, could you tell me, how you are now?
Prompt: how are you feeling about being pregnant?
Prompt: How are you physically?
Prompt: How are you emotionally?
2. How do you feel about your body now?
Prompt: what is changing?
Prompt: Any difficulties? Any pleasures? How are you reacting to those?
Prompt: What changes in your body are affecting you most?
3. How do you think about your baby now?
Prompt: do you have any ideas/thoughts/feelings about her/him?
Prompt: Any fantasies or metaphors?

Interview within the first three months after giving birth (X 1):

1. Please, could you tell me, how you are now?
Prompt: how are you feeling about being a mum?
Prompt: How are you physically?
Prompt: How are you emotionally?
Prompt: How are you feeling when with your baby?
2. How do you feel about your body now?
Prompt: How do you feel about the physical changes that have taken place since the last time I saw you?
Prompt: Any difficulties? Any pleasures? How are you reacting?
Prompt: What changes in your body are affecting you most?)

Interview one year after giving birth (X 1):

1. Please, could you tell me, how you are now?
Prompt: how are you feeling about being a mum?
Prompt: How are you physically?
Prompt: How are you emotionally?
Prompt: How are you feeling when with your baby?
2. How do you feel about your body now?
Prompt: How do you feel about the physical changes that have taken place since the last time I saw you?
Prompt: Any difficulties? Any pleasures? How are you reacting?
Prompt: What changes in your body are affecting you most?
3. How do you feel about your pregnancy now?
4. What effect, if any, has your participation in this research had on you?

KAI „TAVO KŪNAS TIESIOG IŠPROTĖJA”: ĮKŪNYTAS NĖŠTUMO PATYRIMAS

SANTRAUKA

Nagrinėjamos temos aktualumas. Nėštumas – labai asmenišką ir labai fizinis išgyvenimas. Net ir tais atvejais, kai jis nėra problemiškas medicinos požiūriu, moterų dažnai išgyvenamas kaip jas sukrečiantis patyrimas. Tačiau iki šiol labai retai į jį žiūrima ar jis tyrinėtą būtent taip. Išskyrus kelių psichoanalitinių (Deutsch, 1947; Pines, 1988; Raphael-Leff, 1993, 2009) ir kritiškai socialinės sandaros atžvilgiu nusiteikusių feministinių teorijų šalininkų (Young, 1984/2004; De Beauvoir, 1949/1996; Kristeva, 1982; Ussher, 1989; Tyler, 2000; Baraitser, 2009), tiek psichologijoje, tiek socialiniuose moksluose dažniausiai vyrauja tik dar didesnę painiavą sukeltą kiekybiniai pasitenkinimo – nepasitenkinimo savo kūnu kategorijomis besiremiantys (Davies, Wardle, 1994; Clark, Ogden, 1999; Wood Baker ir kt., 1999; Strang, Sullivan, 1985; Drake ir kt., 1988; Fox, Yamaguchi, 1997; Skouteris ir kt., 2005) ar probleminius nėštumų atvejus analizuojantys (Schetter, 2011) tyrimai. Tuo tarpu subjektyvus įkūnytumas kaip filosofinis požiūris į žmogų ir jo patyrimą dėl mokslo filosofijoje susiklosčiusios ilgalaikės tradicijos vis dar lieka nustumtas į visišką socialinių mokslų paraštes, dėl to subjektyvi ir įkūnyta nėštumo, kaip ir pogimdyminio laikotarpio, patirtis kol kas yra labai mažai tyrinėta. Aptikti tik keli įkūnyta nėštumo patyrimą analizuojantys psichologijos darbai: Johnson, Burrows, Williamson (2004) ir Gil-Rodriguez (2008).

Darbo naujumas ir praktinė vertė pasireiškė keliais aspektais. Visų pirma, į nėštumą buvo žiūrima psichologijoje itin mažai analizuotu – įkūnyto patyrimo rakursu. Patyrimo universalumo ieškoma, apibendrinant skirtingą kultūrinį patyrimą turinčių moterų išgyvenimus. Be to, metodine prasme, darbo naujumas siejamas su tuo, kad a) buvo taikytas visą nėštumą ir pirmuosius metus po gimdymo apimantis longitudinalinis tyrimas; b) verbaliniame tyrime pasitelkta neverbalinė medžiaga; c) aprašytas iki šiol tyrėjų dėmesio nesulaukęs įkūnytas moterų patyrimas antrajame jų nėštumo trimestre. Galiausiai nuoseklios analizės rezultatai leido pažiūrėti giliau ir kasdienybės akivaizdoje atskleisti, kas slypi už ligšioliniuose literatūros šaltiniuose aprašomo sumišusio, nuolat besikeičiančio ar ambivalentiško besilaukiančių moterų santykio su savo kūnu.

Toks patyrimo atskleidimas galėtų būti naudingas praktikoje, nes atsiranda galimybė su besilaukiančiomis moterimis dirbantiems profesionalams (psichologams, psichoterapeutams, gydytojams ar akušeriams ir kt.) naujai pažvelgti į šią svarbią žmogiško patyrimo dalį, susipažinti su patirčių įvairove ir prisidėti prie pačios besilaukiančios moters ir jos būsimo vaiko gerovės.

„Įkūnyto patyrimo“ apibrėžtis, metodologinės tyrimo prielaidos ir reikalavimai darbui. „Įkūnyto patyrimo“ (angl. “embodied experience“) sąvoka, remiantis fenomenologine gyvenamo kūno ir įkūnytos patirties samprata, yra apibrėžiama kaip subjektyvus, įsisąmoninimui sunkiai prieinamas bei nuolat kintantis savo kūno ir savo buvimo kūnišku pasaulyje jausmas, kuris gali apimti ir percepcinius pojūčius, ir „objektyvų“ savo kūno vaizdą, girdėtus ir įsivaizduojamus kitų žmonių vertinimus.

Darbas parašytas, remiantis fenomenologine tradicija. Pirma, prieš pradėdant tyrimą, siekiama atvirai reflektuoti ir pristatyti anksčiau įgytas bei neplėsti jau esamų žinių apie tiriamą žmogaus patyrimo fenomeną. Antra, vengiama bet kokių išankstinių hipotezių ir spėliojimų. Trečia, kalbant apie žmogaus patyrimą, pabrėžiamas vienintelės objektyvios tiesos bei galutinio ir tiesioginio kito žmogaus patyrimo pažinimo neįmanomumas. Ketvirta, tyrimo metu siekiama pažinti, atskleisti ir struktūruoti žmogaus savęs refleksijas. Penkta, pripažįstama, kad visuomet šios žmogaus patyrimo refleksijos pasakojamos ir atsiskleidžia tik konkrečioje situacijoje ir todėl joms neišvengiamai daro įtaką tiek pati situacija, tiek pasakotojo refleksijos sugebėjimas ir noras atsiskleisti, tiek tyrėjo subjektyvumas, kurie turi būti ir yra reflektuojami viso tyrimo procese.

Šiam darbui buvo keliami pasirinktam indukciniam kokybiniam fenomenologiniam tyrimui – interpretacinei fenomenologinei analizei – būdingi, tyrimo atlikimo, rezultatų pateikimo ir aprašymo reikalavimai: atviras asmeninės pozicijos išsakymas, kalbėjimas pirmuoju asmeniu, jautrumas esamai situacijai ir kontekstui, įsitraukimas, tikslumas, tyrimo proceso skaidrumas ir darna, pasakojimo gyvumas, tyrimo proceso, jo prasmingumo ir pritaikomumo refleksija. Be to, pats darbas, siekiant užtikrinti darbo proceso skaidrumo reikalavimą, išdėstytas tokiu būdu, kad matytųsi, kas buvo žinoma ir daroma kiekviename tyrimo žingsnyje.

Tyrimo tikslai: a) identifikuoti, kaip savo įkūnytą nėštumo ir pogimdyminio periodo patyrimą supranta ir įprasmina pačios pirmą kartą besilaukiančios moterys; b) aprašyti ir struktūruoti šio patyrimo, atsispindėjusio kalbėjimo momentu, daugiasluoksniškumą ir galimą dinamiką moterų kasdienybėje.

TYRIMO METODIKA

Tyrimo dalyvės. Tyrime dalyvavo šešios pirmą kartą besilaukiančios moterys. Moterys buvo homogeniškos pagal tokius kriterijus: 1) čia buvo jų pirmas nėštumas; 2) nėštumo pradžioje jos dirbo, rūpinosi savo karjera, profesiniais pasiekimais; 3) visos turėjo aukštąjį išsilavinimą; 4) visos buvo vidutinio vaikų laukimo atžvilgiu amžiaus – nuo 26 iki 35 metų (pirmojo susitikimo metu); 5) nė viena neturėjo ankstesnio persileidimo ar nėštumo nutraukimo; 6) turėjo ilgalaikius santykius – buvo ištekėjusios arba ištekėjo nėštumo metu; 7) visoms tai buvo ne nenorimas nėštumas (nors ne visų planuotas); 8) jos buvo linkusios gilintis į savo išgyvenimus ir gebančios juos išreikšti verbaliniu būdu. Be to, siekiant išryškinti skirtumų bendrybes, interviu vyko dviejose šalyse – Lietuvoje ir Didžiojoje Britanijoje.

Patyrimo aprašymų rinkimas. Su kiekviena tyrimo dalyve buvo susitikta penkis kartus: tris kartus nėštumo metu ir du kartus po gimdymo. Tad analizės medžiaga gauta atlikus 30 individualių, giluminių pusiau struktūruotų interviu. Tyrimo dalyvės buvo traktuojamos kaip tikrosios patyrimo ekspertės (sekama jų pasiūlytomis temomis, užuominomis, į jas labiausiai gilinamasi), o preliminarūs interviu klausimai naudojami tik kaip pagalbinis planas. Be to, susitikimų metu moterys piešdavo žmogaus ir savęs piešinius bei pildydavo Gyvenimo įvykių skalę (GIS).

Tyrimo duomenų analizė. Daugiau nei 30 valandų interviu įrašo arba beveik 1000 puslapių teksto buvo analizuojami taikant interpretacinės fenomenologinės analizės (Smith, Osborn, 2003; Larkin, 2004; Smith ir kt., 2009) žingsnius, kurie buvo nuosekliai aprašyti ir paaiškinti šiame darbe.

REZULTATAI. Dėl ribotos disertacijos apimties ir noro parodyti apibendrintus rezultatus bei nuoseklią nėštumo istoriją, disertacijoje buvo pasirinkta pristatyti vienos moters penkių susitikimų metu atsiskleidusią įkūnytą nėštumo ir pogimdyminio periodo patirtį ir aprašyti apibendrintą visų šešių tyrime dalyvavusių moterų viduriniojo (antrojo) nėštumo trimestro patirtį. Visos moterų patyrimą struktūruojančios temos yra iliustruojamos ištraukomis iš originalių interviu su tyrimo dalyvėmis.

IŠVADOS

1. Išanalizavus šių, pirmą kartą besilaukiančių ir skirtingą kultūrinę patirtį turinčių, moterų įkūnytą nėštumo patyrimą antrajame nėštumo trimestre (20–27 nėštumo savaitę), atskleistos keturios visoms joms bendros įkūnyto patyrimo temos:
 - a) *besilaukiančio kūno nekontroliuojamumas*: savo kūną moterys gali patirti kaip nepaklūstantį jų sąmoningai kontrolei dabartyje ir kaip nenuspėjamą ateityje, pasižymintį nepageidajamu storėjimu, patrauklumo ir įprastų jo savybių mažėjimu, gąsdinantį jas nuolatine persileidimo grėsme ir įkūnytu gyvenimo baigtinumo priminimu;
 - b) *kūnas – mano mokytojas*: moterys gali džiaugtis naujai atrastu savo kūno jautrumu, bandyti įprasminti kūno pasikeitimus ir iš jo mokytis būsimai motinystei ir savo ateičiai naudingų įgūdžių;
 - c) *kūno vidinių ir išorinių ribų neaiškumas*: moterys savo kūno ir asmenines ribas gali suvokti kaip neaiškias, jos siekia apsibrėžti savo įkūnytą santykį su aplinkiniais žmonėmis ir atrasti vidines, savo kūną ir kūdikį jame atskiriančias, ribas;
 - d) *besiformuojantis kūniškas tapatumas*: moterys formuoja savo naują tapatumą, pasiremdamos akylu savo santykių su partneriais ir artimais žmonėmis bei į save panašiomis moterimis stebėjimu.
2. Remiantis šių konkrečių moterų patyrimo analizės rezultatais ir jų aptarimu kitų teorijų ir tyrimų kontekste, buvo atskleisti keli nauji įkūnyto patyrimo ypatumai:
 - a) *šios moterys savo besikeičiantį kūną nėštumo metu patyrė kaip nekontroliuojamai prastėjantį*. Labiau neigiamai vertinami su tiesioginiu vaiko augimu nesiejami kūno (plaukų, dantų, odos, kraujagyslių, nagų) pokyčiai ir svorio augimas kitose (ne pilvuko ir ne krūtinės) srityse. Be to, pilvuko didėjimas tampa kur kas labiau priimtinas, kai darosi išoriškai akivaizdu, kad toks pasikeitimas yra susijęs su nėštumu.
 - b) *nėštumas gali sustiprinti savo kūniškumo patyrimą, tačiau išaugęs kūniškumo patyrimas nebūtinai pačių moterų yra pageidaujamas ar jas auginantis bei brandinantis*. Įkūnyta motinystės transformacija yra tik asmenybės pokyčių galimybė, kuria moterys nebūtinai pasinaudoja. Intensyviau jausdamos savo

kūniškų pasikeitimų savybę, moterys gali išgyventi ir sumažėjusį pasitikėjimą savimi, ir savo neišvengiamo mirtingumo įsisąmoninimą.

- c) *nėštumo metu gali kisti moterų savęs ir savo kūno patyrimo ribos* nuo bandymo suvokti ir sustiprinti išorines kūno ribas iki ribų aiškumo praradimo, jų plėtimosi ir net išnykimo, išorinių objektų ir svetimų žmonių įtraukimo į asmenines ribas ir, galiausiai, praėjus metams po gimdymo, naujų aiškesnių ribų suformavimo.
- d) *įkūnytas santykis su kūdikiu viduje gali keisti pačią moterį ir būti nuolatos patiriamas ambivalentiškai*. Be to, paaiškėjo, kad įkūnyto santykio su būsimu kūdikiu raida primena lėtą laipsnišką procesą, kai, nors ir persipindamos viena su kita, moters interesų sritys progresuoja nuo susirūpinimo savo pasikeitusia būseną ir ankstesnių kūno formų išsaugojimu, vėliau – mėginimo atskirti savo ir kūdikio kūniškas ribas iki rūpesčio savo kūdikiu iščiose. Po gimdymo šis santykis modifikuojasi į naujos fizinės priklausomybės nuo jau išorėje esančio kūdikio santykį ir naujo įkūnyto motiniško tapatumo paieškų patyrimą. Paaiškėjo, kad echoskopinė vaisiaus apžiūra skatina pozityvesnį santykį su būsimu vaiku ir pasyvesnį moters ryšį su savo pačios kūnu, jį suvokiant kaip nuo savęs atskirą objektą.
- e) *šių moterų kūniško tapatumo patyrimas glaudžiai susijęs su kitais žmonėmis*. Siekiant suprasti savo kūniškų procesų patyrimą bei atrasti tiek savo kaip nėščiosios, tiek kaip naujos mamos tapatumą, yra pasitelkiami tiek fiziškai arčiausiai esantys, tiek panašius fizinius procesus išgyvenantys žmonės. Kai kurioms moterims įkūnytas nėštumo patyrimas šiek tiek primena jų paauglystės patirtį.
- f) *besilaukiantis kūnas moterų gali būti suvokiamas kaip išmintingas, ir, yra galimybė, kad kūno pamokos joms pravers ateityje*, išmokstant suprasti savo kūno poreikius ir auginant dar aiškiai pageidavimų negalintį suformuluoti savo mažylį.
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Agnė Matulaitė yra klinikinė psichologė ir psichoterapeutė, dirbanti privačiai Vilniuje. Ji dėsto fenomenologinius tyrimo metodus ir veda kūno psichoterapijos seminarus. Agnė taip pat tyrinėja motinystę, nėštumą ir prenatalinių tyrimų psichologinius aspektus, domisi vaikų psichoterapija; skaito tarptautinius pranešimus (pvz., „Vis dėlto, kieno tai kūnas? Subjektyvus savasties ir sveikatos sistemos patyrimas“, „Kūno ir įkūnyto santykio pasakojimai kūno psichoterapijoje“, „Kultūriškai išgyvenama kūno fenomenologija nėštumo metu“, „Laukimasis postsovietinėje visuomenėje“, „Kūno negalavimas kaip langas į vaiko vidinį pasaulį“). Fenomenologinių tyrimo metodų Agnė mokėsi pas prof. A. Giorgi, prof. S. Kvale, prof. E. Spinelli, prof. J. A. Smith, dr. V. Eatough, dr. M. Larkin ir kt. Doktorantūros studijų metu ji buvo pakviesta ir dėstė Londono universitete (UCL), Didžiojoje Britanijoje. Agnė yra Europos kūno psichoterapijos asociacijos tikroji narė, Tarptautinės motinystės tyrimų asociacijos narė, Lietuvos psichologų sąjungos narė, Perinatalinės psichologijos ir medicinos asociacijos valdybos narė ir Tarptautinės interpretacinės fenomenologinės analizės diskusijos grupės narė.

Agne Matulaite is a clinical psychologist and psychotherapist with a private practice in Vilnius, Lithuania. She teaches phenomenological research methods and leads body psychotherapy workshops. Her research also centres on childhood, motherhood, prenatal testing in pregnancy and child psychotherapy. Agne presents her work internationally. Her topics have recently included, amongst others: “Whose Body is this Anyway? Subjective Experience of the Self and Healthcare Practices”, “Narratives of The Body and Embodied Relationship in Body Psychotherapy”, “Culturally Lived Body Phenomenology in Pregnancy”, “Being Pregnant in Post-Soviet Society”, “Somatic Illness as a Window into The Internal World of The Child”. Originally Agne graduated in clinical psychology from Vilnius University going on to study phenomenological research methods with Prof. A. Giorgi, Prof. S. Kvale, Prof. E. Spinelli, Prof. J. A. Smith, Dr. V. Eatough, Dr. M. Larkin. During her doctoral studies she has also been invited and has taught at University College of London. She is a member of: The European Association of Body Psychotherapy, The Lithuanian Psychological Association, The Perinatal Psychology and Medicine Association and of the International Interpretative Phenomenological Analysis discussion group.

SUSIJUSIOS PUBLIKACIJOS

(Published peer reviewed articles related to the thesis):

- Matulaitė A. (2012) **“I’ve Got You under My Skin“: The Embodied Relationship with the Baby Within** // *Studies in the Maternal*, Vol. 4, Nr. 1, p. 1-22.
- Matulaitė-Horwood A., Bieliauskaitė R. (2005) **The Subjective Content of Psychological Anxiety in the Last Month of Pregnancy** // *Acta Medica Lituanica*, Vol. 12, No. 2, p. 31-36.

NAUJAUSI, TYRIMO REZULTUS PRISTATANTYS, PRANEŠIMAI

(Most recent presentations related to the thesis):

1. Matulaitė A. (14-17th September, 2012) **“Whose Body is This Anyway?” Subjective Experience of the Self and Healthcare Practices** (60 min.) *The 13th International EABP Congress of Body Psychotherapy, “The Body in the World, The World in the Body”*. Churchill College, Cambridge University, Cambridge, U.K.
2. Matulaitė A. (27-30th July, 2011) **Two in One: Culturally Lived Body Phenomenology in Pregnancy** (30 min.) *The 30th International Human Sciences Research Conference, Intertwining Body-Self-World*. St.Catherine's College, Oxford University, U.K.
3. Matulaitė A. (8-11th November, 2008) **Body Experience in Pregnancy: Phenomenological Analysis** (60 min.) *The 11th International EABP Congress of Body Psychotherapy*, Paris, France.
4. Matulaitė A. (23-24th October, 2008) **“I’ve Got You under My Skin“: Relationship with the Baby Within** (30 min.) *International conference “Mental Health of Babies and Small Children: Diagnosis and Treatment possibilities”*. Department of Philosophy, Vilnius University, Vilnius, Lithuania.
5. Matulaitė A. (18-19th September, 2008) **Body Experience in Pregnancy** (30 min.) *International Conference of Interpretative Phenomenological Analysis*, Sussex University, Brighton, U.K.