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## Belly-stories. Feminine Stories About Body, Pregnancy and Childbirth

Pregnancy is a biographically episodic time when the belly becomes the centre of the feminine world. This time is characterized by the ambivalence of attitudes and moods which are not only hormonally-based but result from the very act of experiencing bodily transition and duplicating subjectivity, which leads to perturbations connected with the distinction between the me-body and the me-mothering body (Lewis 2013). In this article we analyse selected narrations by women about their bodies, pregnancy, childbirth and maternity. We focus the analytical process on the somatic motif of the belly, which constitutes the symbolic centre of perception of a woman's own body during this time, its transformations and social interactions dominating the world of the woman expecting a baby.

**Key words:** pregnancy, body, belly, rite of passage

### Introduction

Stories about childbirth are mostly stories told by women and science. They are a part of the repertoire of the archetypical and mythological mother, constituting a variation of cultural narrative about the beginning of life. They don't lose their causal social role, however, because they are an abundant potential source for biographical narratives relating also to the roles of fathers, children, siblings or grandparents. Despite the significance of this source, it very often stays hidden, covered or treated by its protagonists as ambivalent since the beginning is not, in our culture, treated as a process but rather as a point-event, which in itself seems to be devoid of time. We are born in a given place, on a given day and at a given hour. Esoteric movements and the psychoanalytical fraction of the "Primal

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Scream”, for whom this story is the most important of human life, are an exception. Małgorzata Czermińska has observed a cultural asymmetry between the significance of the story of birth and the story of death and suggests that we not only justify this fact through the patriarchal character of our culture but also through the existential and philosophical inclination of culture, which she describes as Heidegger’s understanding of the project of being (Czermińska 2010: 3). The social fate of the story of birth is thus entangled in the temporary categories of culture and identity. The cultural preoccupation with things that are yet to come, and not with those that have already passed, causes the origins of the experience of birth to become forgotten in favour of stories about the future, especially for those who have been born. This becomes clear when we look at the way in which the story of Christ’s birth is told. It is related to the idea of freedom of choice and the negation of determinism. The story of the birth of Christ has become obscured by the prediction of his suffering and death (Durst 2004: 778). However, it is still possible to situate this story in a different perspective, one granting it meaning for those for whom childbirth constitutes a rudimentary fragment of their own biography (Czermińska 2010; Budrowska 2000: 223), and who situate themselves on the other side of Arendt’s *natality*.

Like most women’s stories it is a body-centric narrative, based on impressions, intuitions and feelings about their own bodies (Howson 2004: 39–36; Shilling 2010: 58–62). By talking about pregnancy and childbirth women disclose the biologically-metaphysical world. They describe events referring to the sphere of the belly and situate their own bodily experience on a continuum of social and biographical time from the perspective of the developing and shrinking belly (see: Strauss 1975). Like all human stories, these stories possess a number of versions and acquire different tones and shades over time. The most vivid and emotional are the stories of young mothers whose bodies have experienced childbirth for the first time (Callister 2004a: 16–24). It has made us aware of how important it is for women to find a social space in which their “belly stories” can be recognized, because telling such a story integrates pregnancy and childbirth in the identity of woman as mother (see: Callister 2004b: 508–518).

We have gathered the autobiographical stories of women which has become the foundation of a somatically inclined sociological analysis, which aims to find the social origin of the common experience of these women. We have examined their narrative structure, which could indicate the existence of a dominant, archetypical Polish story about femininity, body, pregnancy and childbirth (Delgado 2000). In the course of the research, conducted in 2013, we collected thirteen interviews. The questions we asked provoked women to tell us about pregnancy and childbirth, understood as a transition, and about how they sensed themselves and their bodies, about contact with their babies, and how pregnancy and labour entered into their consciousness.

The pattern of the stories about pregnancy and childbirth which the postmodern world provides for women surpasses the normativity which emerges from

the battle for the demedicalization of pregnancy and labour. The contemporary Polish press for women creates a rather positive and pleasant picture of unrealistically relaxed and happy pregnant women and young mothers, trying to hide those areas of the body which were made public during the 'Rodzić po Ludzku' [Childbirth with Dignity Foundation] campaign<sup>3</sup>. These narrations lack the pain, screaming, incisions, cracking and contractions, so strong that they cause women faint. The narrations, addressed to women by the public media and press, clearly demonstrate the tendency to naturalize, protect and sacralise pregnant woman in Poland (Budrowska 2000; Majka-Rostek 2010). These stories are characterized by the fact that behind them are a lot of *untold* stories, especially those concerning the *material bodily lower stratum* which women, under pressure from the media, consider insignificant and tell each other in solitude. As our research shows, the belly story is a silent story of the other parts of women's bodies which have been relegated by the belly and inscribed into the sphere of women's silent knowledge.

### The turning point. Beyond the existing linguistic experience

Anthropological studies of traditional societies and communities highlight the fact that pregnancy and childbirth were treated as a ritual and that being pregnant, for women, meant oscillating between the sphere of the sacred and the profane (Durkheim 2008; Douglas 1984). As in many *rites de passage* the actions and measures taken by the groups concerned the initialized body. The substance of the body became the biosphere of sacral actions where, by means of a tattoo or scarification, a mark in which the trip that the initiated had undergone was inscribed. This symbol allowed for the recognition and assignment of meaning to the body and introduced the possibility of the creation of an autobiographical story. In consequence, the marked body generated space for the recognition of the social part in itself. In the context of postmodern society it is very difficult to grasp the sacredness and rituality mentioned in the studies of Arnold van Gennep (2004), however there is no denying that there is a certain performative recurrence which accompanies social existence and quasi-rituality (Alexander 2010). In our research, following the stories of women, we have focused our attention on the belly which, performing the function of a mark and a symbol, allows for communication with the old identity (disclosing the past to the present) as well as with the unborn child (disclosing the future to the present). Belly stories told by women carry the character of a stigma which is sometimes interpreted by themselves as a basis of social labelling or exclusion (Douglas 1984; Goffman 2009). In traditional societies scars and tattoos bestowed the stories' framework. Distinct codifications which referred to the markings of feminine and masculine bodies

<sup>3</sup> It means that it is created for a specific recipient in a specific social situation. This recipient can be a child, a husband, another woman or a multiple addressee as in the case of letters addressed to the 'Rodzić po Ludzku' foundation.

upheld a story about the structure of the human universe. In the cannon of western culture, masculine scars served as a starting point for telling loud stories about men's heroic acts. The feminine bodiliness was, on the other hand, expected to be smooth, pure and insignificant. In consequence, stigmas, scars or blemishes on a feminine body were interpreted as moral flaws, not as a sign of ennoblement (Douglas 1984; Goffman 2009; Shilling 2003). Women's bodies, in Christian culture, have cherished their silent, impeccable stories, which have constituted a background or repository for masculine roughness. The body of a pregnant woman, with a protruding, rounded belly, violated the rule of purity, exposing before the world feminine sexuality and the driving force which, even today, arouses ongoing social and political discussions. The appearance of pregnancy situates the woman in a separate time continuum and distinct social order dynamised by the biological evolution of her belly. It also gives the body a lot of different meanings which oscillate between being blessed and being ill or disabled.

Situating the pregnant body 'outside' the everyday social arrangement in traditional societies was connected not only with its sacralisation but also with marginalisation. We mention it at this point because we believe that this trait of our culture still has influence on the social positioning of narratives about the bodily experience of pregnancy and labour, which is being marginalised in the postmodern society. The normativity of the feminine body implies the apprehension of pregnancy and childbirth as something 'abnormal' and episodic, not as the event which was described by H. Arendt. The history of childbirth has been acknowledged as meaningless and insignificant. As Molly Andrews suggests the story of maternity assumes that women become mothers in a 'natural' way and nature does not hold the right to talk about itself in the modernized reality, its status is implicated by silence and rather the fact of being told (Andrews, Bamberg 2004: 13; Ortner 1982). This thesis corresponds with the analysis of our research material, which reveals that it is very difficult for women to talk about their bodies without referring to medical language. Body parts as well as physiological instances were referred to very frequently as 'it', as 'this something somewhere there' or were not mentioned at all, remaining on the generalised level of expressions like 'body and change'.

A (33–87): The most tiresome was, mmm always simply mmm for about 2 weeks it was difficult to sit, I was sore mmm and feeding caused a lot of pain every time mmm so maybe in the physical hmm sense, it was this something somewhere there mmm was a discomfort for me, but the sole fact that it was also my first pregnancy...

In the collected narrations we have also observed the passivity described by M. Sbisá (1996: 371). Women describe their bodies in the course of labour as a space of activity of other people, while they themselves in these fragments of

their stories appear devoid of activity, subordinate and forced to rely on the decisions of medical staff. This is illustrated in the following quotes:

K (24–86): Yes, the so-called offer you couldn't reject, they punctured the amniotic sac. Of course in the presence of, I don't know how many, 6 or 7 different students, whaaaaat a disaster. The water flowed out of me and I'm only covered with this thin cloth(?) on the bed, straddled, it's flowing out of me... mmm waters are flowing together with the mucus, blood, everything and these students are standing and looking. The midwife comes and says that well, here we have, you see, the first stage of labour, here we have had to rupture the amniotic sac, because the labour wasn't progressing and here the lady lies and has 3 fingers of dilation... just great :), an open encyclopaedia. Anyway, when they punctured the amniotic sac, it all started, and the contractions were so strong, and I felt such a strong pressure and, mmm, I couldn't stand the pain and when the midwife came to me I asked her for an anaesthetic...

Women who, in their stories, touched on the *material bodily lower stratum* used medical language. The language of cultural modernisation made their bodies, in their own impression, communicative. They did not obtain knowledge about the body during pregnancy and childbirth, from their own experience or the experiences of other women, but most often found it in books, the press and the Internet.

A (33–87): I read a lot about pregnancy, about the course of pregnancy, so I more or less knew what to expect, and if something didn't occur I was happy because there are many different complications described, like mmm bad circulation or feet swelling or some different things like sciatica which can appear at the end of pregnancy, all kinds of different complications, or hypertension or diabetes, though these are more like illnesses. So I knew that something like that may happen and it should be taken into account, you should take care of yourself and mmm have the doctors examine you etc.

AS 36: Mmm I got, or rather borrowed, mmm a book from my sister-in-law, right... every month of pregnancy was described, I more or less followed how it should all go, only I paid more attention to, all the time, I paid more attention to how the child was developing than to how my body was changing, so I knew I would gain weight mmm.

Pregnancy and childbirth, which we know from the medical and obstetric stories engage numerous spheres of women's bodies, have, at the same time, a persuasive character (Budrowska 2000: 252–254). The stories which we have collected support Dorota Majka-Rostek's theory (2010) about belly-centrism in popular discourse. The belly is not only real but also symbolic; it is not only the residence of a new life but also a sign of feminine transition and as such becomes an object of special concern on the part of women.

## Belly-centrism. A story about the path to maternity described by the dynamics of the belly

The appearance of the 'pregnant belly' changes the social perception of women. Its visibility blurs the borders of private and public (Westfall 2006: 263). The belly becomes an object of public commentaries, a pretext to guess the sex of the baby or to touch it 'for luck'. It is no longer a truly private woman's body-sphere.

A (30–110): So I'm saying, well the first thing that comes to my mind is generally the first phase, which is difficult, but later there is this second trimester where mmm I feel very well, where I feel the movements of the baby... mmm and siblings begin to believe more that inside there really is a little baby and mmm they put their hands and ask and talk and bring things and take care of me, it's one of those elements which are really touching, that since I've been pregnant the children have treated me with so much affection and brought me different things and caressed me and hmmm it really felt very good, but the physical sensations are the nicest just before the end, when you can nearly see the little one... when it moves around there... well...

The inside of the belly somatises the change which is continuously going on in a woman's body. The pregnancy is a process in which a woman's 'I' together with all the somatics becomes limited on behalf of the developing foetus. Maybe this is the reason why in women's stories the belly is sometimes exposed, sometimes covered, is sometimes a means of contact with the baby; other times it is just a 'paunch' which limits agility. The belly-centrism of the story captures the bodily-psychological binary between I-body and the body-me as a mother (Lewis 2013: 7). As Dorota Majka-Rostek observes, analysing the press intended for pregnant women, "*The belly is a basic symbol here, its significance sometimes leads to fragmentizing measures*" (2010: 198). The stories which we have analysed included not only the fragmentation of the bodily experience but rather its belly-centrism. The beginning and the end of this story are determined by the changes the belly undergoes. The history of its transformation enchants the path to maternity.

A(30–110): Maternity is something that hm... defines me as a person, mmm it is that which underlies my mmm identity and, and hmm I willingly share these, these happy moments with loved ones, with people who I have just met mmm and I think that this is why mmm with such pride somewhere there hmm I show that I'm expecting hmm the first or the next baby, however when it's near the end, when it's clear, when the belly is big, I try to disguise it somehow, though it also depends...

AS (36): Fine... fine, though I don't like being mmm observed by other people, and a woman with a belly draws attention to herself. People who like to be mmm looked at, exposed... who like to expose themselves, for them this is definitely something... something positive when they walk around with a protruding belly,



exhibiting. Sometimes I was even surprised, I was covered with a jacket or a coat and I was surprised that someone there noticed mmm the belly and gave me the seat. Anyway, I had such a small belly that... that for a long time it wasn't visible that I was pregnant.

Even though pregnancy and childbirth denote a mental and emotional change in the sphere of identity, a woman's body is expected to be constant and changeless, which is expressed in the expectation that the belly will return to its previous shape, the body to the weight prior to pregnancy and, above all, without any trace of scars such as stretch marks. Concern about one's body in the course of expecting a baby is also concentrated around the belly and predominantly expressed in using skin cosmetics and watching one's weight.

K (24–110): Well, above all mmm... about the belly, about the belly's look I was worried. I immediately bought stretch mark creams and regularly throughout the entire pregnancy I used them twice a day, because... besides this, it's not like I was obsessively thinking about it, but still... well it's not this, it goes somewhere into the background, it's not so important.

K (35–62): Yes... yes... and I don't know how to describe it, but yes mmm by the growing belly, I felt anxious that I'll have stretch marks, that mmm that I won't return to my old figure, but to be overly concerned about all of this, no... rather not.

A (33–87): A little bit... I was afraid of the stretch marks for sure... but I didn't think too much about it, I focused on the baby, on the new life and on my body.

E (33–61): I... I... I feared stretch marks, I was really afraid only about them. All of the other things, it's like this... I assumed that... that everything could still be somehow fixed, in one way or the other. With a diet or some exercise, well... I was only afraid of stretch marks because when it comes to skin at a certain age it loses its features, it doesn't... it's not so flexible and may not go back, yes.

The changing shape of the belly arouses ambivalent feelings: astonishment, enchantment or fear, but it also marks the beginning of the story of identity transformation which women associate with the fact of becoming a mother. The way the belly has been described is very important. The problems which were presented in the stories fit the cultural script offered by guidebooks. Women very clearly separated concern about themselves and the baby from anxiety about their own bodies, which in this case they identified with their skin. The concern they showed about themselves and the baby was visible in the descriptions of changes in lifestyle, ways of thinking, healthier diets and more frequent medical check-ups. Women believe that the transformation connected with pregnancy and childbirth takes place in their inner, private and intimate sphere of life, not in their body. Their stories do not refer to medicine and knowledge about the irreversible changes which occur in their body after pregnancy and labour. When describing

their bodies, women who gave birth focused mostly on the surface, around the areas which can be spotted by observers, like the belly, hips and breasts. It may be the consequence of the fact that the biographical moment in which they had told us their stories was situated outside the reference of the obstetric world. For the majority of our respondents, pregnancy and childbirth were not a reason to initiate a change in their own attitudes towards their own bodiliness, which was rather perceived as something retainable. Thus, we could raise a hypothesis that when it comes to quasi-ritual changes experienced by women, it is expected that their character is marginal, that they will stay unnoticed and unrecognised by society and that a woman's body will return to its old shape after birth. Maternity, on the other hand, will materialize itself in the transformation of the belly and breast-feeding in its early stage. The moment the umbilical cord is cut, the body-belly form vanishes, giving way to maternity as something spiritual.

K (38–88): I was able to explain to myself why the body looks like this after pregnancy. On the other hand, when I could finally wear my normal clothes without embarrassment and saw that, that even mmm... they fit me better than before pregnancy, I just felt, well, I felt better, yes. As if it was the symbolic end of the whole experience of pregnancy and childbirth.

Most of our narrators, when mentioning the subject of pregnancy and belly, did not avoid the theme of the presence of the baby, whose emergence gives a whole new meaning to life. Feeling the baby's movements and having early contact with it after birth introduce emotional themes into their stories. It signifies the appearance of *the other*. This relation becomes real the very moment women start feeling their babies' movements.

K (38–88): Until a certain moment it was the belly, while, well, at a certain moment it became a child in the belly. Especially around the month when we were able to see the natural shape and determine the sex. Then it was a baby in the belly, not just the belly. At least not only the belly, right? Nevertheless, still physically speaking it was still a huge paunch which you had to carry.

A (33–87): At the beginning it didn't get to me at all that I was pregnant, only later when the babies, baby, started to move like a human, later it got to me that there mmm is someone else.

E (33–61): Little intruder...

K (24–110): It is an incredible feeling mmm on the one hand an implicit happiness, an exhilaration which fills a mmm person completely, on the other hand the changes in consciousness that now I'm not hmm just some student but that now I'm going to be a mother, that in a sense I'm giving life now and not only my social status changes, my own consciousness changes as well, that I enter a different... stage of life... and on the other hand there is this responsibility for the baby, and



moreover this unconditional love, which will mmm be with me to the end of my life right, it's a completely different kind of love than the love for your partner, and it is also such a wonderful prize, in my opinion hmm I sometimes feel that I'm not good enough, nevertheless I've got a little person besides me, who not only fills all my days with happiness but also returns my love just like that, naturally. Loves me with all his heart and I love him so... maternity, it is an incredible experience.

The experience of pregnancy and the bodily sense of transformation do not end with labour and the end of childbirth. The point which marks the end of the process is the healing of the Caesarean section incisions or episiotomy and the return of the belly to a shape similar to before pregnancy. Therefore, this time is measured differently than the time determined by medical descriptions. It is conditioned by aesthetic categories which surround the feminine body in the social world when she exceeds the boundaries of the obstetric field.

AS (36?): I was surprised, I thought, that it will happen mmm by itself somehow, but it didn't, it lasted for some time, as I say, after the first pregnancy, after the first labour it lasted mmm seemingly longer, I don't know how long, half a year for sure, but after the second well it all returned to form very quickly. [...] Yes, the belly lasted longer, it was as if mmm... longer... longer as if also mentally I was recovering... longer maybe also because it was the first baby, maybe because X... was so very weepy, maybe it was caused by this I don't know.

A(30–110): I didn't want to expose this, that somewhere there I've still got the remains of the belly, especially the first few days, but now after the fourth baby mmm well practically in 2 days after leaving, maybe 3 days after leaving the hospital almost hmmm hmmm... as if the state was like before labour, so I was very proud of myself and satisfied.

K (38–88): I mean there weren't any significant changes. Still, well clearly... or differently... this part of the body which would tell you that something had changed was definitely the belly, yes. Mmm and this is what happened, these weren't big changes but for me they were visible and I would prefer not to have them, yes.

## Conclusions

Pregnancy is a biographically episodic time when the belly becomes the centre of the feminine world. This time is characterized by the ambivalence of attitudes and moods which are not only hormonally-based but result from the very act of experiencing bodily transition and duplicating subjectivity, which leads to perturbations connected with the distinction between me-body and me-mother-body. The social expectations of responsibility which are directed towards pregnant women lead to the limitation of their own identity, including their bodies on behalf of a new social identity (Lewis 2013: 8; Neiterman 2012: 24–25). The changes which

take place during this time are dynamic and, from the perspective of the narrators, lose their clarity. The statements which we have analysed reveal that these changes are not permanent and the category of mother-body functions only during the period connected with pregnancy and labour. Taking into account the length of stories about pregnancy and labour, it turns out that the status of the experience which labour and the birth of a child diverges completely from the emphasis put on pregnancy. Despite the fact that pregnancy lasts longer, the story of pregnancy takes less time to tell and is less saturated with details. Labour, in most narrations, was not a pleasant or predictable experience. As one narrator stated: 'as you know, you can't be prepared for the delivery'. The narrators attributed the changes and complications that altered the labour scenario to medicine, hospital and medical staff, but first and foremost to the body which had led them to the encounter with pain. The story of the pregnant body is connected with the basic emotion of fear, namely of changes in physical appearance.

The measures taken by women in order to protect the aesthetics of their bodies is primarily focused on the areas of the belly and breasts. They mostly regard the avoidance of scars, the assertion that the body did not carry any marks or reminders of pregnancy. It turned out that confrontation and acceptance of post-labour scars, after Caesarean section or episiotomy, was also very difficult. Despite the positive experience of the presence of the baby, pregnancy and belly-centrism does not arouse sentiment among women. The description of the presence of the baby, despite being an emotional fragment, is still embedded in the context of a story about the body and is not a theme developed by the narrators as if the baby was situated beyond the process of transformation, while the 'pregnancy' was responsible for all the things that are happening to the body. And, as is also clearly stated in the stories, for their narrators the body primarily means their skin.

The structure of this story about the body, pregnancy, childbirth and maternity allows us to presuppose that despite the lack of formalized character, women who give birth undergo a rite of passage, in which most of the determinants are connected to the biological aspects of pregnancy, interpreted on the basis of their aesthetic and ethical normative cultural categories. The characteristic imperative of the invisibility of pregnancy and childbirth experienced by women who have undergone it implies the cultural silence of women who, when asked if they ever share their stories with the world, answer no, but not because they don't want to but rather that they are never asked about it. Therefore, there are not many social situations in which a woman could share her own experiences, which may suggest, de facto, that she herself is not able to fully name them (Trzebinski 2002; Calister 2004; Andrews, Bamberg 2004). Together with the disappearing belly the stories of our narrators about pregnancy become an element of their own very private and intimate biographies of the woman-mother. Some of the women are not sure if the story of their belly and labour should be told to other women in detail, because they believe it could do harm to women preparing for delivery. In their perception the unknown is better than the fear which a narration about an

unfortunate labour or a tough pregnancy could arouse. In consequence, they give voice to the objectivised narrations about labour which appear in magazines and medical guidebooks. Therefore, it seems that the protruding belly which predicts the presence of a baby gives women a validation to talk publicly about the experience of their own bodies and feelings connected with pregnancy and birth. Their episodic, here-and-now character is the only moment in time suitable for the belly stories to be told in public.

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