Embodied Experience in Pregnancy and Post-Birth:

Body Image and Body-Directed Attending

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DECLARATION

I declare that this dissertation is my own account of my research and does not contain any work that has been previously submitted for a degree at any institution, except where due reference is made in the text. To the best of my knowledge this thesis contains no material published by another person, except where due reference has been made. The ethical principles for research as stipulated by the Australian Psychological Society and Swinburne University of Technology have been adhered to in this research.

Signed:

Beth Shelton

February 14, 2007
ABSTRACT

Women’s experiences of the challenging embodied events of pregnancy and post-birth occur in a cultural context of widespread negative body images. The current research takes a multidimensional, situated and experiential approach to examining women’s body-self relations in pregnancy and post-birth, with a view to identifying factors that underlie and support positive body-self relations. The body image construct in contemporary usage emphasizes body-as-object dimensions of embodied experience. This thesis takes a multidimensional approach, including body-as-subject dimensions, and discerning dimensions of embodied life salient for women themselves. A broadly biopsychosocial approach was adopted, in which body, self and world are understood to exist in a perpetual and mutually influential interrelation with each other and with events and objects. Emphasis was given to experiential, moment by moment aspects of women’s embodied experience, investigating conscious embodied experience in pregnancy and post-birth at two levels – a relatively stable, constructed, storied level (“top-down”), and a plastic, present-oriented, experiential level (“bottom-up”). The purpose of the research was to discern experiential and ideational aspects of positive and negative body images, to investigate the phenomenon of body-directed attending, and to contribute to the understanding of women’s embodiment in pregnancy and post-birth.

This thesis employed narrative and phenomenological research methods to elicit and analyze in-depth, first-person accounts of 13 women’s lived experience of embodied life in pregnancy and post-birth. The longitudinal design allowed for analysis of change across the trajectory of pregnancy and post-birth. The women participated in
two interviews - the first in mid-pregnancy; the second between 7 and 12 weeks post-birth. The women’s beliefs, ideas and meaning constructions about their bodies were examined through their narratives and descriptions of embodied experiences. Their moment-by-moment experiences of body-self were investigated through phenomenological reflection on acts of body-directed attending.

The overarching narrative in the women’s accounts of their embodied experience contains a trajectory of change to each woman’s customary/“normal” body in pregnancy, then recuperation and reintegration of her embodied life post-birth. Three major dimensions of embodied experience were discerned in the data – appearance, sensation and function. Three embodied narrative landmarks emerged in women’s accounts – customary body, pregnant body and post-birth body. A systematic shift was evident in multidimensional embodied focus, from increased internal, sensate focus in pregnancy to increased focus on function and interaction at post-birth.

The research identified a basic phenomenological process of body-directed attending which appeared to be part of an ongoing cycling between focal and background somatic attending in everyday consciousness. The content of the women’s body-directed attending took the form of sequences of somatic images with directionality, meaning associations and outcomes. Somatic images found in the data were internal, external and postural, and local (specific to a body part) or global (whole body). An association was found between use of external, local visual images and low body image satisfaction. Evidence is presented for an interpretation of body-directed attending as a feedback system for monitoring the basic health, continuity and identity of body-self, and a mechanism for the bottom-up construction of meaning, with impact on self-state, body image and wellbeing.
The body-directed attending and the narrative and phenomenological findings were integrated to provide a top-down, conceptual, and bottom-up, experiential, perspective on body image satisfaction in pregnancy and post-birth. The predominant pattern of body image satisfaction was a trajectory of significant body image threat or challenge in pregnancy, with subsequent successful adaptation for the majority at post-birth, despite the women describing themselves as deviating more from slim ideals than they did pre-pregnancy, and despite conflicts between sexuality and maternity.

The factors associated with successful body image adaptation in the post-birth context were an increase in ideational and experiential focus on function and interaction, and the use of body-directed attending sequences culminating in the use of internal, global, sensed somatic images. Conversely, factors associated with post-birth body image dissatisfaction were a preoccupation with the appearance dimension of embodied experience, and the use of body-directed attending sequences culminating in the use of external, local, visual somatic images.

The findings provide evidence that in adapting to the body image challenges of pregnancy and post-birth, a majority of women utilize a shift in multidimensional embodied focus towards function and interaction. This shift appears to result in part from an inherent embodied tendency in the events ofchildbearing, and in part from adaptive cognitive strategies that women actively employ. The findings also provide evidence that women’s habits of body-directed attending and somatic imaging impact on their body image satisfaction. It also appears that body-directed attending and somatic imaging are specific and influential aspects of human functioning. Suggestions are made for further research into the process, content and functions of body-directed attending, and its relation with body image.
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# TABLE OF CONTENTS

DECLARATION .......................................................................................................................... ii  
ABSTRACT ............................................................................................................................ iii  
ACKNOWLEDGEMENTS ........................................................................................................ vi  
TABLE OF CONTENTS ........................................................................................................ vii  
LIST OF FIGURES ................................................................................................................ xii  
LIST OF TABLES .................................................................................................................. xii  
LIST OF APPENDICES ......................................................................................................... xiii  
CHAPTER 1: INTRODUCTION AND OVERVIEW .............................................................. 1  
  Thesis Overview .............................................................................................................. 5  
CHAPTER TWO: BODY AS OBJECT .................................................................................... 8  
  Introduction .................................................................................................................... 8  
  Body as Object: Social Influences .............................................................................. 10  
  Body Image In Pregnancy ............................................................................................ 12  
  Post-Birth Body Image ................................................................................................. 16  
  Body Image as Situational, Multidimensional, and Experiential .............................. 18  
    The Contemporary Construct .................................................................................. 18  
    The Historical Construct ....................................................................................... 20  
    Some Current Directions in Body Image ............................................................... 23  
  Body Image in the Present Thesis ............................................................................. 26  
    Language Usage ..................................................................................................... 26  
    A Situated, Multidimensional and Experiential Approach to Body Image ......... 28  
  Body Image: Aims ....................................................................................................... 31  
CHAPTER THREE: BODY AS SUBJECT .......................................................................... 32
CHAPTER 5 RESULTS AND DISCUSSION: BODY-DIRECTED ATTENDING .... 85

Introduction ............................................................................................................. 85

Body-Directed Attending: Content ........................................................................ 86

Somatic Images ....................................................................................................... 86

Internal Somatic Images: Body-self experienced and described as though from inside ........................................................................................................ 88

External Somatic Images: Body-self experienced and described as though from outside ........................................................................................................ 88

Postural Somatic Images: Body-self experienced and described in terms of body position ........................................................................................................ 88

Body-Directed Attending: Process ......................................................................... 89

Situated Structure of Body-Directed Attending .................................................... 90

Situated Structure of Body-Directed Attending: Sequence 1 Attending 91

Situated Structure of Body-Directed Attending: Sequence 2 Associating .......... 97

Situated Structure of Body-Directed Attending: Outcomes ............................ 103

Directionality in Body-Directed Attending ........................................................... 109

Summary and Discussion: Content and Process of Intentional Body-Directed Attending ........................................................................................................ 111

Sequence One: Attending ..................................................................................... 111

Sequence Two: Associating .................................................................................... 113

The Movement From Local to Integrated Global Somatic Images ...... 116
LIST OF FIGURES

FIGURE 5.1: Situated Structure of Intentional Internal Body-Directed Attending ....... 90
FIGURE 5.2: Situated Structure of Intentional Internal Body-Directed Attending – Sequence 2: associating ................................................................. 97
FIGURE 6.1: Metastory: Embodied experience in pregnancy and post birth .......... 156
FIGURE 7.1: Body Directed Attending Cycle ........................................................... 225

LIST OF TABLES

TABLE 4.1: Data Collection Process and Resulting Data ............................................ 64
LIST OF APPENDICES

APPENDIX A – Information Letter ............................................................................. 257
APPENDIX B – Consent form ..................................................................................... 260
APPENDIX C – Interview Protocols ........................................................................... 262
APPENDIX D – Example Interview and Experiential reflection Transcripts Mid-pregnancy and Post-birth .................................................................. 267
APPENDIX E – Body-directed attending data forms................................................... 289
APPENDIX F – Body-directed attending themes ........................................................ 310
APPENDIX G – Examples of phenomenological meaning units translated into the researcher’s words ............................................................................ 312
APPENDIX H – Themes/meaning constituents – narrative/phenomenological data... 315
APPENDIX I – Narrative/phenomenological summary forms Example data.............. 317
APPENDIX J – Example data: body image summaries ............................................. 327
CHAPTER 1: INTRODUCTION AND OVERVIEW

Across the lifespan for women, becoming pregnant and giving birth is one of the most compelling and transformative events of bodily life. Over a relatively short period of time a pregnant women must adapt to major changes to her body’s internal milieu and her external appearance (Bailey, 2001). She undergoes an extraordinary expansion of her body and major changes in shape and weight. The external boundaries of her body, ordinarily signifying the site of her singular self, come to include another person (Young, 2005). She experiences a myriad of new sensations, such as the movement of the baby inside her, and various signs and symptoms of pregnancy (Johnson, Burrows & Williamson, 2004). Her body is viewed differently by others, takes on new social meanings, and is central to a creative process culminating in birth and parenthood (Young, 2005).

Unfortunately, it seems that women enter into this new and vivid experience of embodiment in a cultural context of problematic body-self relations. A substantial body of research indicates that in Western countries at least half the population are actively unhappy and dissatisfied with their own bodies (Cash, 2002b). Indeed, a negative body image is so common that body image concerns are characterized in the literature as “a normative discontent” (Rodin, cited in Streigel-Moore & Franko, 2002, p.183). Individuals, particularly women, are prone to habitual negative thoughts and feelings about their bodies, despise specific body parts, hold a negatively distorted view of their appearance (particularly their weight and shape), and make excessive efforts towards achieving a physical ideal (Castle & Phillips, 2002; Fallon, 1990; Rodin, 1992).
This culturally pervasive dissatisfaction with bodily self comes at a substantial cost. As seminal body image researcher and theorist Thomas Cash observes, “if one dislikes the body one lives in, it is difficult to be satisfied with the self who lives there” (Cash, 1990, p.61). Negative body image is associated with low self-esteem, depression, anxiety, shame, diminished opportunities for peak states, obsessive compulsive tendencies (Fredrickson & Roberts, 1997; Levine & Smolak, 2002a) and a substantially increased risk of eating disorders (Garner, 2002; Polivy & Herman, 2002). The diagnostic criteria for both Anorexia Nervosa and Bulimia Nervosa include aspects of negative body image as defining features of those disorders (DSM-IV-TR, 2000). Studies suggest that negative body images develop early in life (Streigel-Moore & Franko, 2002; Paxton, 2002), are remarkably stable across the lifespan (Tiggemann & Lynch, 2001), and are resistant to long-term positive change (Levine & Piran, 2004; Levine & Smolak, 2002b).

It seems then, that a majority of women enter into the life-changing event of a first-time pregnancy with a body-self relationship characterized, at least to some degree, by negative thoughts, feelings and experiences. Research studying the impact of pregnancy and childbirth on normal women’s body image is scanty and somewhat conflicting (Johnson, Burrows & Williamson, 2004). However, recent studies suggest that the experience of pregnancy may confer some protection against the ill-effects of negative body image (e.g., Clark and Ogden, 1999; Davies and Wardle, 1994).

The present thesis investigates women’s experiences of their bodies during pregnancy and post-birth with a view to identifying factors that underlie and support positive body-self relations. Such a research direction is in line with calls from body image scholars for study of the nature and correlates of positive body images, adaptive
strategies for dealing with body image challenges, contextual and interpersonal factors (Cash & Pruzinsky, 2002b), and protective factors against negative body images (Paxton, 2002). A case is built for a multidimensional, situated and experiential approach to the study of body image. It is argued that contemporary conceptualizations of the body image construct are focused on dimensions of the body-as-object, as viewed and evaluated as though from the outside, from a third-person perspective. This usage separates body image from body-as-subject; from body experienced as from the inside, as identity, agency and somatic awareness. Furthermore, research about women’s adaptation to body image at post-birth suggests that body image satisfaction may be impacted by shifts of focus and meaning in relation to dimensions of embodied life other than appearance (Bailey, 2001; Heinberg and Guarda, 2002). These findings suggest that investigating body image in pregnancy and post-birth requires a broad, multidimensional scheme of body-self relations. It is argued that the history of the body image construct, and some current directions in body image research also support a multidimensional and contextual approach.

The current thesis takes a broadly biopsychosocial approach in which body, self and world are understood to exist in a perpetual and mutually influential interrelation with each other and with events and objects. The person (body-self) is understood as an interaction with objects and events. From this perspective, sensory and perceptual processes cannot ultimately be divorced from motivation, consciousness and social context (Damasio, 2003; Gendlin, 1998; Merleau-Ponty, 1964). In line with this model, this thesis took a multidimensional, situated and experiential approach to women’s body-self relations in pregnancy and post-birth.
The research was designed to discern dimensions of embodied experience that women use to construct their body-self relations, including both object and subject dimensions. Women’s embodied experience was situated in the events of pregnancy and post-birth. The experience of pregnancy provided a window of opportunity to study the construction and deconstruction of body image at a time when women are involved in a dynamic process of change and their bodily experience is highly salient for them (Weiss, 1999). First-time mothers are involved in a new experience with many common features in a given order across a specific time-frame.

This thesis emphasized experiential, moment by moment aspects of women’s embodied experience. Taking direction from research and theory about conscious body experience (e.g., Damasio, 1994; Fredrickson & Roberts, 1997) the current research examined women’s conscious embodied experience in pregnancy and post-birth at two levels – a relatively stable, constructed, storied level (“top-down”), and a plastic, present-oriented, experiential level (“bottom-up”). Women’s beliefs, ideas and meaning constructions about their bodies were examined through their narratives and descriptions of embodied experiences. Their moment-by-moment experiences of body-self were investigated through their body-directed attending. Conscious experience of body is described in the literature using a number of terms. Some examples include body awareness (Bakal, 1999), body-directed attending (O’Shaughnessy, 1998), somatic images (Damasio, 1994), raw feels (Neisser, 1993), and felt sense (Gendlin, 1978). However, remarkably little in the psychological literature provides insight into the purpose of shifts in body-directed attention from the individual’s point of view (Nettleton & Watson, 1998), or into the processes and habits of body-directed attending that individuals employ. The present thesis utilized O’Shaughnessy’s definition of
body-directed attending as “an attentive experience” of the physical reality of body-self (p.176), and aimed to investigate the processes, contents and purposes of women’s body-directed attending.

In summary, the research conducted in this thesis examined women’s embodied experience, from their own point of view, as they negotiated a series of life-transforming events in pregnancy and birth. The purpose was to discern experiential and conceptual correlates of positive and negative body images, to investigate the phenomenon of body-directed attending, and to contribute to the understanding of women’s embodiment in pregnancy and post-birth. Narrative and phenomenological research methods were employed to elicit and analyze in-depth, first-person accounts of women’s lived experience of embodied life.

**Thesis Overview**

The first two chapters review approaches to studying and understanding embodied experience. These approaches are related to the study of pregnancy and post-birth in order to introduce the theoretical and methodological approach adopted for the research. Whereas Chapter One reports on approaches based on body-as-object dimensions of bodily experience, Chapter Two reviews approaches to body-as subject.

In Chapter One, current conceptualizations of body image, and a small number of studies on body image in pregnancy and post-birth are discussed. Aspects of the history of the body image construct are reviewed. A case is made that in contrast to the construct as it is currently operationalized, the historical construct supports a phenomenologically and experientially rich body image which is contextually sensitive and intrinsically linked to the individual’s purposes and motivations. Objectification
theory and research is outlined as a development in the understanding of body-as object
dimensions of bodily experience which acknowledges the importance of moment-by-
moment attentional processes.

Chapter Three discusses the intimate link between subjectivity and body. Non-
dualistic, systemic approaches to studying bodily experience are discussed. The
concepts of embodiment and lived body are described. A number of qualitative,
phenomenological and narrative studies on aspects of embodiment in pregnancy and
birth are considered and literature on the nature, functions and phenomenology of
conscious experience of body is reviewed, particularly the work of Damasio (e.g., 1994;
1999; 2003) and Gendlin (e.g., 1962, 1998). It is argued that this research and theory
support a distinction between two forms of conscious internal bodily experience – a
present oriented, experiential, feeling level, and a constructed, storied, conceptual level.
The phenomenological and narrative methodological approach of the research, designed
to explore these two (distinct but related) forms of body-self relations is introduced. The
final section outlines the specific aims of the research.

Chapter 4 describes the research participants, and outlines the methods of data
collection and analysis. A reflection is given on the personal relation of the researcher to
the research topic, and issues of validity of the data are discussed. Chapters 5 and 6 then
report results arising from the body directed attending data, and the interview data,
respectively. Throughout these chapters, findings are discussed in terms of how they
relate to previous research, and theoretical implications are discussed.

Chapter 5 reports the findings of the research about the content, process,
purposes, and function of women’s body-directed attending. Evidence is presented for
an interpretation of body-directed attending as an active and generative process; a
mechanism for the bottom-up construction of meaning, with impact on body-self state, body image and wellbeing. The basic content of women’s acts of body-directed attending, the phenomenology of the process, and types of meaning associations that women made with their somatic images are described. A number of outcomes of the process of body-directed attending are identified and individual differences in women’s use of, and purposes for intentional body-directed attending are examined. The final part of the chapter reports findings about body-directed attending in pregnancy and post-birth, and about body-directed attending and body image.

Chapter 6 reports findings about patterns in women’s embodied experience across the trajectory of pregnancy and post-birth, and about factors associated with body image adaptation. Overarching narrative and phenomenological meaning divisions that emerged in the data are introduced and defined. Focus is on change in multidimensional embodied focus across the temporal narrative of customary, pregnant and post-birth body. The last section of the chapter integrates body-directed attending and narrative and phenomenological findings to provide a top-down, conceptual, and bottom-up, experiential, perspective on body image satisfaction in pregnancy and post-birth.

The final chapter, Chapter 7, reviews the findings in of the thesis relation to the aims of the research. Practical and theoretical implications of the findings are addressed. Methodological issues are discussed, and application of the findings in future research considered.
CHAPTER TWO: BODY AS OBJECT

Introduction

Part of the cultural inheritance of Western thought is a dualistic construction of the relation between mind and body. In this view, the body is a physical object – inert, material, biological, and separate by nature from that which is subjective, conscious, mental, thoughtful and creative. The body and its parts are physical matter while the mind is not. The mind is active and purposeful, the body is passive, burdensome, thing-like. The origins of this separation of mind and body are often attributed to Descartes, and the separation itself referred to as Cartesian dualism. (Herzig, 2001). Although substance dualism is no longer mainstream in science or philosophy, Damasio (2002) suggests that it is probably still the view that most individuals would recognize as their own working theory of mind-body relations.

Dualism creates a non-sentient body object by separating consciousness and subjectivity from body. This neat but reductive division has been challenged on many fronts. Most contemporary formulations of the relations between mind and body (or brain and body) take a broadly biopsychosocial approach in which mind and body are understood to exist in a perpetual and mutually influential interrelation with each other and with the environment. The person (body-self) is understood as an interaction with the environment. From this perspective, sensory and perceptual processes cannot ultimately be divorced from motivation, consciousness and social context (Gendlin, 1998; Damasio, 2003).

The categories of “body-as-object” and “body-as-subject” create a dualism of their own, but they are useful landmarks for asking questions about body-self relations.
for two reasons. First, they have a degree of phenomenological veracity. Perhaps the most basic phenomenological distinction individuals make when they talk about their bodies is “inside’ and “outside” body. This is a related distinction to Winnicott’s “me” and “not me” (Davis & Wallbridge, 1981, p.65). The “outside” of body, as an experiential category, tends to relate to the body as a physical presence and an appearance in the social world. “Inside” body tends to relate to subjective experiences such as sensation, meaning, emotion and agency. Body-as-object as it is reviewed in this chapter refers to body as material entity, physical presence and appearance.

Literature on the psychology of bodily life also tends to divide according to approaches which emphasize object and subject dimensions of experience. Body image theory and research focuses primarily on individuals’ relationships with their bodies as objects with external appearances. Phenomenological approaches emphasize individuals’ experiences of their bodies as integrated with their subjectivity. This chapter concentrates on body-as-object dimensions of body-self relations and their relevance to the study of women’s experiences as embodied persons in pregnancy and post-birth. Chapter 3 focuses on body-as-subject.

This chapter first reviews the case that converging social forces predispose women to take an outsider’s perspective on their own body; to treat “it” as an object linked to social status and social norms. Conflicting research findings about body image in pregnancy and at post-birth are then reviewed, and some strengths and limitations of the body image construct for investigating this area are discussed. A case is made for taking a multidimensional, situational and experiential approach to studying body image in pregnancy and post-birth.
In support of this approach, aspects of the history of the body image construct are reviewed, and some current directions in body image research reported. It is argued that in contrast to the body image construct as it is currently operationalized (which emphasizes body-as-object dimensions), the historical construct supports a phenomenologically and experientially rich body image which is contextually sensitive and intrinsically linked to the individual’s purposes and motivations. Lastly, research directions arising from this discussion for the present thesis are summarized, and the aims of the thesis in respect to body image are outlined.

**Body as Object: Social Influences**

According to several psychological and sociological analyses, women’s bodies are socially constructed to a large degree as objects external to women themselves. Feminists have argued that women are subjected to pressures to employ their bodies as decorative and desirable foci for the attention of men (Orbach, 1977). Analyses of consumer culture suggest that contemporary bodies are objects to be perfected and their external surfaces displayed in an endless labour for which the reward is high status social membership (Giddens, 1991; Featherstone, 1991). Objectification theory argues that women are socialized to internalize an observer’s perspective as their primary view of their bodily self (Fredrickson & Roberts, 1997). These related social pressures converge in a dominant experience for women of viewing their bodies as though from the outside, as objects with surfaces that must conform to social norms. Some theorists suggest that this habituated mode of body-self relationship (which objectifies the body) underlies negative body images and contributes to their tenacity.
Sociocultural norms, peer pressures and media representations have a powerful impact on individuals’ relationships with their bodies (Fallon, 1990). An individual’s body image includes knowledge of culturally bound norms for attractive bodies and a judgement of the degree to which his/her own body matches these norms. Discrepancies between internalized social ideals and representations of his/her own body can create a painful dilemma for individuals (Levine & Smolak, 2002a; Rodin, 1992).

The current ideal of a very thin, highly toned yet full-breasted body for women is unattainable for most women. This creates such a discrepancy. While the average weight of women is increasing, content analyses of mass media reveal ever thinner depictions of idealized bodies for women (Tiggemann, 2002). Although research shows a clear trend for men as well as women to be increasingly prone to ill-effects associated with body image concerns (Kostanski, Fisher & Gullone, 2004; Rodin, 1992), these issues are still more prevalent and problematic for women. In general, it is more difficult for a woman to regard her body positively than it is for a man (Cash, 2002c).

Piran (2001) argues that women’s personal, subjective embodied experience is disrupted by learned meanings embedded in dominant cultural discourse and played out in the specific environments in which women live. Fredrickson and Roberts (1997) argue that women’s bodies are viewed with an evaluating, objectifying gaze. This way of looking objectifies women by categorizing them primarily as objects of potential sexual desire, and by evaluating them in relation to rigid norms for sexual desirability and attractiveness. Considerable social rewards and sanctions are distributed according to women’s degree of resemblance to these norms. Girls and women learn to internalize this socially modelled gaze and to experience their own bodies as objects with
appearances which they should regularly scrutinize, judge and control in order to accord with (largely unattainable) social norms.

Sociological analyses of consumer culture point to another, related, form of body objectification. In contemporary Western culture an increasingly close relationship exists between the appearance of the body and the self. The individual is expected to direct attention to the surfaces of the body proper and work hard to achieve rigid social norms. The body is a commodity to be perfected through cosmetics, fashion, strategic exercise, even surgery. Thus, the body-self has an important function in consumer culture. The body provides a status object closely identified with the self, for a process of self-perfection which endlessly consumes product (Featherstone, 1991). In both feminist and consumerist analyses of women’s embodiment, the body-self relationship is characterized by women learning to take a judgmental view of their bodies as objects.

**Body Image In Pregnancy**

Research using the body image construct taps this aspect of body-self relations, in which the body is evaluated as an appearance object. Such research usefully quantifies the degree to which individuals are dissatisfied with their bodies, and provides evidence for the correlates of dislike of one’s own body such as low self-esteem, depression and increased chance of disordered eating. More broadly, these findings attest that body image and self-image are intimately connected; that the relationship an individual fosters between “self” and “body” is of major significance in wellbeing. Body image experiences are inextricably interwoven with feelings about the self (Cash & Puzinsky, 2002a).
The experiences of pregnancy and birthgiving involve a plethora of changes to women’s appearance, in particular to weight and body shape, many temporary, some permanent. Thus, the process of childbearing presents an opportunity to study women’s body images, and more broadly, their body-self relations, in a situated process of change. However, studies of body image in pregnancy and the post-partum period are relatively few and there are striking contradictions in findings (Johnson, Burrows, & Williamson, 2004; Tiggemann, 2004).

One set of findings suggests that women’s attitudes to their bodies become progressively more negative as pregnancy progresses. For example, Strang and Sullivan (1985) used a repeated measures design to compare the body image attitudes of 63 women in pre-pregnancy, mid-pregnancy and post-partum. They found that the women’s satisfaction with their bodies diminished during pregnancy and improved somewhat post-birth. Yet, participants’ post-birth evaluations of their bodies were still less positive than their pre-pregnancy evaluations. These findings support the view that pregnancy represents a threat to women’s body image satisfaction because the gap between actual and ideal body is increased.

In contrast to this view, a number of more recent studies, both quantitative and qualitative suggest that pregnant women are less dissatisfied with their bodies than other women, and that pregnancy may confer some protection against body image concerns. Davies and Wardle (1994) found that pregnant women (n = 76) were significantly more satisfied with their bodies and less likely to diet than non-pregnant controls (n = 97). Clark and Ogden (1999) also found that pregnant women (n = 50) were happier with their bodies and less likely to diet than non-pregnant women.
In a recent Australian study, Bosclaglia, Skouteris and Wertheim (2003) found that women \((n = 71)\) were able to assimilate the bodily changes of pregnancy (which shift women away from dominant slim ideals) without becoming more dissatisfied with their bodies. This result was replicated by Skouteris, Carr, Wertheim, Paxton and Duncombe (2005). These findings support the view that pregnancy has a protective effect on women’s body images. A possible explanation for this is that weight gain in pregnancy is legitimated, freeing women from the pressure to be slim.

Another view that has some empirical support is that women’s ability to maintain their customary body image satisfaction despite the changes of pregnancy may result not from changes in body image ideals, but from changes in the meaning and value women attribute to their bodies. These meaning shifts may be salutogenic in relation to body image and serve to prevent increased body dissatisfaction in pregnancy. Consistent with this view, Davies and Wardle (1994) found that the women’s increased body satisfaction during pregnancy was not accompanied by any relaxation of long-term body ideals. The participants in their study chose similar body size ideals as non-pregnant controls. This finding echoes findings from studies on body image in older women.

Tiggemann (2004), reviewing research on women’s body image across the life span, presented evidence that although women tend to maintain a constant level of body image dissatisfaction across the adult life span, the importance women place on body image concerns and the impact of body image dissatisfaction on women’s self-esteem decreases with age. A number of studies have suggested that older women reduce the impact of body dissatisfaction through adaptive cognitive and experiential strategies such as changing their priorities with respect to their bodies (Johnston, Reilly &
Kramer, 2004). Other strategies include cognitive changes such as lowered expectations and body acceptance (Webster & Tiggemann, 2003) and experiential changes such as reducing self-objectification and body monitoring (Tiggemann & Lynch, 2001). Recent findings indicate that women may also make cognitive and experiential changes in relation to their body images during pregnancy.

In reviewing quantitative studies on body image and obstetrics, Heinberg and Guarda (2002) suggested that pregnancy may provide a reprieve from the constant focus on weight and shape that besets many women, and that in pregnancy women may move away from strict body ideals and towards a more “nurturing” orientation (p.355). This idea of a shift in the priorities, motivations and experiences that underlie body-self relations also emerges in a small number of qualitative studies of body-self relations in pregnancy and post-birth.

Bailey (2001) interviewed 30 first-time mothers in pregnancy and again post-birth. Using discourse analysis, Bailey found a generalized shift away from use of the body as a surface for consumerist display and towards the body as a form of communication. Johnson, Burrows, and Williamson (2004), in an inductive, phenomenological study of the meaning and impact of the bodily changes associated with pregnancy (n=6), found that women’s satisfaction with their bodies varied across the pregnancy and across social contexts. They pointed to the salience of sensory and functional changes to women, such as novel internal sensations and increased physical restriction.

That women actively negotiate body image issues during pregnancy is also supported by the work of Earle (2003). In an interview study of 19 women, Earle found that the women were concerned by issues of body image during pregnancy but that they
selectively complied and resisted social pressure towards slimness and asexualization. Taken together, these findings suggest that pregnancy involves changes in the ways that women understand, experience and value their bodies, and that some of these changes may be associated with protection against the effects of negative body images.

**Post-Birth Body Image**

Conflicting findings also characterize the few research findings bearing upon body satisfaction in the post-birth period. Some studies suggest that the post-birth period represents a nadir in body satisfaction while other research suggests that women experience a new kind of satisfaction with their bodies post-birth.

McCarthy (1999), in a longitudinal study of 70 pregnant women and 31 never pregnant controls, found that the pregnant women’s attitudes to their appearance became more negative from the third trimester to the post-birth period and that their post-birth appearance evaluations were lower than those of the never-pregnant controls. Walker (1998) found that around half of participants in the post-birth period ($n=227$) reported unfavourable feelings about their weight, ranging from mild dissatisfaction to weight-related distress (8%). In a narratively-based study, Upton (2003) found that increasingly women, especially those in paid employment, feel a strong imperative to get their post-birth body back quickly. Thus, any relaxation of body image concerns the women might have experienced during their pregnancy was soon removed post-birth.

In stark contrast to these findings, Bailey (2001) found that many women had an increased appreciation of the functions of their bodies in carrying, delivering and breastfeeding a baby. She observed that many (but not all) of the women were able to
use these new perceptions to resist social pressures towards slimness and appearance norms.

The striking contradictions among findings relevant to the effect of pregnancy and birth-giving on women’s body images may reveal as much about the method of research and the kinds of questions asked of participants as they do about actual differences in women’s body attitudes. Interestingly, the evidence of reduced body image satisfaction at post-birth comes from studies which have focused solely on women’s relationships with the appearance dimension of their embodied life, particularly weight and shape. Bailey’s study, by contrast, examined women’s own constructions of post-birth satisfaction with the appearance of their bodies, and found that many women used increased appreciation of body function to counter and balance their body image concerns. This finding aligns with the qualitative and quantitative data on body image in pregnancy which suggest that women may counter body image concerns by shifting their priorities in respect of their bodies towards function (Johnson, Burrows, & Williamson, 2004) and interpersonal communication (Bailey, 2001; Heinberg and Guarda, 2002).

Exploring the possibility that body image evaluations may be impacted by shifts of focus and meaning about dimensions of embodied life other than appearance itself requires a multi-dimensional approach to researching body image. Body image needs to be understood as part of a broader scheme of body-self relations. The next section argues that aspects of the history of the body image construct, and some current directions in body image research support just such an approach.
Body Image as Situational, Multidimensional and Experiential

The Contemporary Construct

Contemporary operationalizations of the body image construct tend to be focused on appearance dimensions of embodied experience. Castle and Phillips (2002), prefacing a volume of recent research into body image disturbances, define body image as “our view of how we look, satisfaction with how we look and how we think others view our appearance” (p.viii). This conceptualization, of body image as evaluation of appearance, has arisen in recent years in the context of the investigation of eating disorders and obesity.

In studies based in the eating disorder paradigm, body image is often measured as just one construct such as “body satisfaction” or even “weight satisfaction.” The “body” with which a woman is satisfied or not satisfied, does not refer to such things as her manual dexterity or her emotional sensitivity. It refers primarily to her weight, shape and/or appearance (and sometimes also to her health and fitness). This usage has arisen as a result of a single problem research focus on body image as it impacts on individuals (especially women) with eating and weight-related problems (Cash & Pruzinsky, 2002a).

It has been argued that the contemporary usage of the body image construct as satisfaction with appearance (especially shape and weight) artificially divorces the experience of “having a body” from that of “being a body” and “doing a body” (Nettleton & Watson, 1998). In this context, “having a body” relates to one’s body understood as an object composed primarily of visible surfaces and subject to one’s own and others’ scrutiny. “Being” and “doing” a body refer to somatic awareness, to the body as functional and instrumental in human action, to the body-as-subject. Most body
image research is quantitative and focused on “having a body”. To a large degree the style of this research necessitates viewing the body as a cognitive construct, separate from the experience of “being” and “doing” a body (Herzig, 2001).

The method of measurement of “body image” typically requires individuals to rate their satisfaction with body parts and/or whole body on a quantitative scale. The implicit invitation in this research is to take a third person perspective on a fragmented body object (Herzig, 2001). To illustrate in the present context, a first-time, breastfeeding mother participating in a body image study would be likely to be asked to rate her satisfaction with her breasts (for example) on a numbered scale. While this may reveal something of her attitudes to her breasts, there is much more it is likely to miss.

The woman’s relationship with her breasts is likely to be considerably changed from her past, when body image issues and sexual associations may have been central. Post-birth, the new mother’s breasts are probably much enlarged, possibly painful, and the focus of an unfamiliar process as she and her baby negotiate breast-feeding. She is learning to interpret and deal with the new sensation of “letdown.” Her breasts are suddenly leaky, unpredictable and central to her relationship with her new baby. Their status as sexual may be newly ambiguous (Britton, 1998; Schmied & Lupton, 2001b). Clearly there is more to understand about this new mother’s relationship with her breasts than a satisfaction rating can convey.

However, despite the clearly multidimensional nature of the bodily changes involved, what little research exists about body image in pregnancy and post-birth is focused almost exclusively on appearance, weight and shape concerns (Heinberg & Guarda, 2002). Body image, as a construct has not always been defined so narrowly.
The Historical Construct

In their review of the state of the field, body image researchers and theoreticians Cash and Pruzinsky (2002a) argue that most current conceptualizations of body image fail to capture the historical and potential richness of the construct. They point out that despite historical attempts to define body image as a multidimensional construct, contemporary usage has come to define it narrowly, as individuals’ experiences of their physical appearance.

Their view is that while this focus has facilitated advances in knowledge, it fails to capture the “rich diversity of negative and positive body experiences that falls outside its purview” (Cash & Pruzinsky, 2002a, p.9). Drawing on research based in sociocultural, neurocognitive, psychodynamic, cognitive-behavioural, information processing, feminist and developmental perspectives, they define body image broadly as the “profoundly human experience of embodiment” (Cash & Pruzinsky, 2002a, p.3). They maintain that weight and appearance-related concerns are only a small part of the applicability of the concept of body image to human life.

The current “body satisfaction” version of the body image construct posits body as object, as material entity, as perceived as though from outside, by a third-person observer. Perceptual, sensory, physiological and neurological aspects figure very little. In this sense the current usage lacks a biology. It also lacks a phenomenology, in that it does not involve somatic awareness or action or agency. Some links with identity are drawn, but only insofar as identity is a function of appearance evaluation.

Historical formulations were much more inclusive. Paul Schilder, whose work in the 1950’s is seen as seminal in the development of the body image construct, took a broadly eclectic position, describing a biopsychosocial approach to body experience that
presaged many contemporary theoretical and research approaches (Cash & Pruzinsky, 2002a). Schilder viewed body image as “the tri-dimensional image everybody has about himself” (Schilder, 1950, p.11). According to Schilder, an individual’s body image is an ongoing and influential part of his/her everyday experience. With each shift in stance, posture and muscle tonus the body image fluidly alters and the body is perceived differently. Although the body image incorporates information/stimulation of many kinds (such as spatial, tactile, thermal, conscious and unconscious), from many sources (such as pain, emotion, neuromuscular activity and gravitational force), the lived experience of being/having a body involves an immediate sense (or gestalt) of bodily unity. For Schilder, body image integrates information from many sources, but is integrated in the phenomenological experience of the individual.

Influential body image researcher and theorist, Seymour Fisher shares with Schilder an inclusive and eclectic conceptualization of body image. Fisher is interested in “the powerful impact of the immediate experience of one’s body in every situation” (1973, pp. xiii). He criticizes approaches which “quantify some limited feature of body experience and label it as “The Measure of Body Image” (1986, p.18). Summarizing research findings up to the 1990’s, Fisher reported that the data unequivocally indicate that there is no such entity as a unidimensional body image, that body image experience is inherently multidimensional.

Fisher (1986) points out that at any given moment an individual may be monitoring such various aspects of body experience as position in space, perceived attractiveness, relative prominence in the overall perceptual field and/or the disposition and sensation associated with particular body parts. Additionally, while some aspects of body experience are easily available to conscious awareness, others are not, and what is
in consciousness shifts from moment to moment. Also, Fisher views body image experience as ineradicably linked to factors such as anxiety, gender and stage of development.

Both these theorists see body image as a multi-dimensional construct which includes appearance dimensions, and which is contextually sensitive. Schilder (1950) is also much concerned with body image as the site of agentic personal construction. For Schilder, body image is far from motivationally neutral. It is intimately and specifically related to personality, to agency, to emotion and to social interaction. Life situations direct the individual’s emotional attitudes which in turn direct the construction of the body image in that situation. Schilder considered that individuals are not simply passive perceivers of an automatically generated body image, but employ and direct their body experiences strategically and proactively. He emphasized that the body image is not passively held, but actively and continually constructed. His view is that individuals are motivated to seek data about the world around them and about their own bodies. They then arrange and rearrange actual experiences according to their needs, motivations and intentions. Some aspects of this process are conscious while other aspects are not.

According to Schilder (1950), the body image is never static, never complete. While there is a drive to develop a unified and complete body image, in every situation there are “disrupting factors” – physiological and situational factors which make adaptations to the body image necessary (Schilder, 1950, p105). Clearly, the plethora of changes involved in first childbearing constitute a series of profound disruptions to the body image status quo.

Schilder (1950) characterizes the process by which the body image is developed and maintained as the result of continuous effort by individuals. The body image is
continually created, challenged and recreated in an interplay of physiological, psychological and environmental events. Input from the external environment is indispensable at each level of integration involved in body image. Contemporary understandings and empirical findings also position social and interpersonal influences as crucial to body image. Recent studies support Schilder’s and Fisher’s view that body image is not only trait-like, but situational – shifting according to situational and emotional contexts (Cash & Pruzinsky, 2002b).

Schilder’s (1950) and Fisher’s (1973; 1986) analyses of body image are radically inclusive compared to contemporary conceptualizations of body image as a cognitive evaluation unit monitoring the body’s appearance in relation to sociocultural norms. The multidimensional, continuously reconstructed, contextually sensitive and yet experientially unified body image they describe includes both body-as-object and body-as-subject dimensions of bodily experience. In this broad conceptualization, the body image may be experienced consciously or not so. The body image may be an object and/or a sentient, purposeful subject. The body image perceives and is perceived. Body image integrates material and psychological aspects. It is dynamic, and shifts across contexts and across time. Body image is at once biology, individual psychology and social construction (Schilder, 1950; Fisher, 1973; 1986).

**Some Current Directions in Body Image**

A subset of contemporary body image research expands on the context of body-self relations in which evaluations of appearance are understood. In particular, more research focus is being given to the impact of situations, and to experiential and agentic aspects of body image. Also, increasingly, body image is understood in the light of
other dimensions of embodied experience. The dimension of function, in particular is a focus of some attention.

**Object, Function and Body Image**

Franzoi (1995) made a clear distinction between the body understood and experienced as an object, and the body as functional, as instrumental, as central to achieving an individual’s purposes. Franzoi described an object orientation as inviting a focus on static and discrete body parts and on attendant social evaluation. A focus on function, on the other hand, involves a focus on action, strength, health and a more holistic body awareness. Franzoi found that young adults \((n=228)\), when asked to evaluate aspects of how their bodies looked and aspects of what their bodies did, judged their body functions more positively than their body parts. In general, women tend to emphasize appearance whereas men emphasize function. However, both men and women understand their bodies as “static objects of aesthetic beauty” as well as “instruments of action” (p.419). Franzoi makes the point that body image studies have almost exclusively investigated body-as-object dimensions of body-self relations.

More recent body image studies have sometimes incorporated measures of satisfaction with body function along with satisfaction with appearance. Function is usually defined as health and/or fitness. Body image studies are also increasingly utilizing measures intended to tap into the meaning or value individuals place on their appearance, and into body image-related emotions across different contexts (Cash, Theriault, & Milkewicz, 2004). Such developments indicate that the appearance evaluative dimensions of the body image construct can be understood more fully with reference to other dimensions of embodiment, and to the various meanings individuals assign to their bodies in different contexts. Objectification theory (Fredrickson &
Roberts, 1997) also broadens the context for body image investigations, by providing a theoretical framework for the study of body image which emphasizes experiential and contextual aspects.

**Objectification Theory**

Objectification Theory (Fredrickson & Roberts, 1997) endorses the idea that girls and women learn to internalize a third-person, observer’s perspective on their own bodies and extends it by incorporating experiential and contextual dimensions of bodily experience. The theory has received considerable research attention and empirical support. The authors describe the theory as a framework for understanding the experiential consequences of being female in a culture that sexually objectifies the female body.

Fredrickson & Roberts, 1997 argue that women develop a “peculiar view of self” (p.177) in which they treat themselves as objects to be scrutinized and evaluated. This can lead to a form of self-consciousness characterized by habitual monitoring of the body’s outward appearance. The degree to which women self-objectify is subject to individual differences and to the influence of social contexts.

According to objectification theory, habitual body monitoring has profound and predictable experiential consequences. A woman’s flow of consciousness is disrupted and her attentional resources appropriated by anxieties, images and thoughts associated with her appearance. She must oversee her body as though from the outside. Opportunities for shame and anxiety are increased, opportunities for peak experiences are decreased and awareness of internal bodily states is diminished. The authors argue that these negative experiential consequences of body-monitoring “accumulate and compound” (Fredrickson & Roberts, 1997, p.180) and contribute significantly to a
number of mental health problems that affect women disproportionately: depression, sexual dysfunction and eating disorders.

Objectification theory proposes that body images operate, and can be understood, not only at an evaluative, past-tense, constructed level but also at an experiential, present-tense level. The theory is a useful development in that it brings a phenomenological orientation into the effort to understand body image issues.

It encompasses a view of body-self relations at a micro, moment by moment, experiential level. It suggests that the particular ways individuals are conscious of, use, and represent their own bodies moment-by moment have profound consequences for their wellbeing. It also suggests that body-self relations are based in things that individuals do and sense, not only attitudes they hold or judgements they make.

**Body Image in the Present Thesis**

**Language Usage**

As is apparent from the foregoing discussion, in the literature, “body image” means different things in different contexts (e.g., Shontz, 1993; Cash & Pruzinsky, 2002a). Given this lack of conceptual specificity it seems that in order for the concept to be a useful term in a scholarly context it should be explicitly defined for the purposes of that context.

In the present thesis, the term ‘body image” is generally employed in the specific, contemporary sense of cognitive-affective evaluation of appearance. The term is used in this way to facilitate a discussion of findings in reference to current body image research. Specifically, the definition suggested by Cash, Theriault and Milkewicz (2004) is adopted. They suggest that body image is “a complex construct concerning
individuals’ perceptions of, and attitudes about their own bodies, especially their physical appearance” (Cash et al., 2004, p. 89).

The other reason for employing the term “body image” to denote women’s relationships with appearance (particularly weight and shape) is that participants themselves use it in that way. “Body image” is not only a scholarly concept. It is an extraordinarily common topic in popular culture, and a serious public health issue. A recent google internet search for “body image” brought up approximately one hundred and seventy million hits (11/12/06). A scan of entries suggests that the idea of a negative body image associated with disordered eating, weight control, low self esteem and pervasive media influences is well established in popular culture. “Body image” appears to operate as a contemporary buzzword denoting a set of linked problems with negative appearance evaluation at their centre. The concept, used in this sense, plays a role in women’s accounts of their body-self relations in pregnancy and post-birth.

The broader view of the body image construct suggested by the work of Schilder and Fisher, and defined by Cash and Pruzinsky (2002a) as the multidimensional human experience of embodiment, helped to define the broad boundaries of embodied experience in the current research. The term “embodied experience” is used to signify this broader, multidimensional understanding of embodied life. This term is also consistent with the phenomenological orientation of the study.

The difficulty of writing about the body and the self in a manner evocative of a non-dualistic understanding of bodily life needs to be acknowledged. The very act of reflecting on body experience seems to divide body from mind, and to invoke a self which observes a non-mentalistic, material, body object (Marshall, 1999). The term “body” as it is customarily understood tends to evoke body as material, thing-like,
devoid of consciousness (Herzig, 2001). To avoid this reduction, the term “body-self” is used in this thesis interchangeably with “body”. The term “body-self” is also appropriate in that it is consistent with the theoretical grounding of the thesis in the biopsychosocial view that body and self exist in mutually influential interrelation with each other and with the environment. Throughout the present thesis, the terms “body-self” and “embodied experience” are used as broad terms to refer to a person’s multidimensional, lived experience of bodily life.

A Situated, Multidimensional and Experiential Approach to Body Image

The directions in body image research highlighted in this chapter, and the history of the construct, support an approach to studying women’s body images which considers women’s own motivations and purposes in specific situations, attends to experiential aspects of body image construction, and acknowledges the impact of other dimensions of embodied life. Such an approach is also indicated by previous research suggesting that body image in pregnancy and post-birth is impacted by shifts of focus and meaning about dimensions of embodied life other than appearance itself. The present research was designed to take a situational, multidimensional and experiential approach to body image in pregnancy and post-birth.

Situated Body Image

The present thesis proceeds from the view that body and self exist in mutually influential interrelation with each other and with the environment. The research was designed to take an environmentally situated view of women’s relationships with their body images, by examining changes to body image in a particular situation: the process of childbearing. In pregnancy and post-birth, women are involved in a series of embodied events which follow one another in relatively predictable sequence, and
involve substantial changes to appearance, in particular, shape and weight. The research examined change and adaptation in women’s body images in a personally meaningful situation, across time and events.

**Multidimensional Body Image**

Body-as-object dimensions of embodied experience are an important aspect of women’s body-self relations. Women’s experiences of their bodies as appearance objects provided the primary focus of the present examination of body image satisfaction in pregnancy and post-birth. However, this thesis aimed to discern other dimensions of embodied life that were salient for the women, and relevant to their adaptation to body image challenges. Previous research suggests the dimension of function as a focus. In first-time pregnancy and post-birth, an entirely new bodily function – that of creating and nurturing a new person – enters into women’s embodied experience. The research conducted in this thesis aimed to take a multidimensional approach to examining women’s body-self relations in pregnancy and post-birth, and to consider the dimensions of object and function in the context of women’s own constructions and experiences of embodied life.

**Experiential Body Image**

The present thesis was informed by the view that body image is a constant work in process, in which women actively construct and deconstruct their body images according to the plethora of body changes they encounter, and according to their own purposes and motivations. The research was designed to examine body image changes from the woman’s own point of view; embedded in her multidimensional embodied life as she herself constructed it.
Some useful directions arise from objectification theory (Fredrickson & Roberts, 1997) for researching experiential aspects of body image. If women’s health and well-being is diminished when they engage in vigilant self-monitoring of their outward appearance as a habitual mode of embodiment, there may also be experiential forms of body-self relations that are neutral towards, or even promote, health and wellbeing. This suggests the usefulness of investigating women’s body-self relations not only through their body concepts (past tense, constructed experience) but also through their moment-by-moment experiences of their bodies. This thesis explored the phenomenological and experiential basis of women’s embodied experience in general, and of their cognitive-affective evaluations of the appearance of their bodies in particular.

Cash and Pruzinsky (2002b), articulating future directions for body image research, urge a paradigm shift in which the development and experience of a positive body image is a central focus of investigation. They suggest that research attention should be directed towards both adaptive and maladaptive coping strategies for everyday challenges to body image, and towards situational, emotional and interpersonal contexts of body image experience. Paxton (2002) notes the lack of research into protective factors against poor body image and suggests that experiential dimensions of body experience might prove important in this respect.

In line with these calls, the present research sought to make a contribution to the understanding of positive (and negative) body images by making a detailed examination of women’s body-self relations in the specific, dynamic context of childbearing. The intent was to add to the small body of qualitative, interpretative studies of body-self relations in pregnancy and post-birth through examination of women’s multidimensional relationships with their own bodies from their own points of view.
The investigation focused on women’s experience of shifts and adaptations in embodied experience across the trajectory of pregnancy and post-birth.

**Body Image: Aims**

The present thesis aimed to contribute to the understanding of the effect of pregnancy and birth-giving on normal women’s body image satisfaction, and to investigate both cognitive and experiential factors associated with positive and negative body images in this context.

The next chapter reviews body-as-subject dimensions of embodied experience and outlines the broad theoretical and methodological approach of the research.
CHAPTER THREE: BODY AS SUBJECT

Introduction

In Chapter Two an argument was made for a situated, multidimensional and experiential approach to studying women’s body-self relations in pregnancy and post-birth which investigates not only women’s body concepts (past tense, constructed experience), but also their moment-by-moment experiences of their bodies. This chapter further develops that case. A theoretical framework is developed for understanding and investigating women’s accounts of their conscious bodily experiences in pregnancy and post-birth. Reference is made to phenomenological, neuroscientific, and feminist accounts of the functions, character and limits of conscious bodily experience. The focus is on body-as-subject, that is, on “conscious experience of the body, characterized as experience of the body as from the inside” (Bermudez, Marcel & Eilan, 1995, p. 14).

This chapter broadly describes a phenomenological approach to body-self, and reviews studies of embodiment in pregnancy and at post-birth. It is argued that the findings of these studies underscore the plasticity and the stability inherent in embodied experience. Damasio’s neuroscientific research (Damasio, 1994; 1999; 2003) is drawn upon for theoretical insight into the roles of conscious body experience in normal functioning. A review is made of research on the ways individuals access and utilize their conscious experience of body-self. It is argued that research and theory support a distinction between two forms of conscious embodied experience – a plastic, present-oriented, experiential level, and a relatively stable, constructed, storied, conceptual level. A methodological approach is proposed which employs these two (distinct but related) forms of body-based meaning as conceptual and methodological landmarks in
an exploration of women’s descriptions of their experiences in first-time childbearing. The overall aims of the research are outlined.

**Body-As-Subject: Phenomenological Approaches**

A number of perspectives on body experience argue that the body is not merely a physical object but an active and sentient physical subject; not only perceived but perceiving. Developmental perspectives emphasize bodily experience as the origin of agency, identity and interpersonal relationships (Krueger, 2002). Many feminist formulations of human experience take the centrality of embodied life as axiomatic (Price & Shildrick, 1999). Phenomenological approaches are particularly pertinent to the study of the body as it is experienced and articulated.

Phenomenological approaches attempt a non-dualistic account of body-self relations. They challenge concepts of an objective physical body and a subjective mind existing in separation. A pivotal component in Merleau-Ponty’s influential work is the idea that “I am my body” (Priest, 1998, p.57). Merleau-Ponty’s challenge to dualistic thinking is to conceive of subjectivity as physical. He sees individuals as subjective objects or physical subjects. Humans are embodied agents engaged in a body-self-environment system he calls “being-in-the-world”. The individual and the world co-constitute each other, and the body-subject is an integral part of that interaction (Merleau-Ponty, 1964; Moss, 1989).

The phenomenological concept of “embodiment” arises from, and encapsulates, the view that human life is inextricably involved with bodily life. No action can be taken, no thought occur, no emotion arise that is not embodied. Everyday experience is based in and framed by bodily experience (Priest, 1998). “Embodiment” also refers to
the body as imbued with personal meaning, and as central to the processes through which individuals create meaning. In this view, embodiment is a core constituent of the world according to each individual, not an arbitrary housing for consciousness. Embodiment refers to body as dynamic and meaningful process, located always in the present moment and in the interaction between self and world (Moss, 1989).

The past two decades have seen a burgeoning of interest in embodiment in areas such as sociology, cultural studies and anthropology (e.g., Featherstone, 1991; Giddens, 1991; Price & Shildrick, 1999; Weiss, 1999). However, it is often observed that while a rich and provocative body of theoretical work on embodiment has been generated in the social sciences, surprisingly little empirical data grounds this work. Speculative and abstract theories far outweigh empirical research (Marshall, 1999; Nettleton & Watson, 1998; Richardson & Shaw, 1998) and remarkably little attention has been given to the way the body is experienced by individuals (Marshall, 1999). Similarly, there is relatively little research which examines body-self-environment interaction for individuals in particular situations.

Systematic phenomenologically-based research offers a means of obtaining grounded data with which to examine theoretical claims about the nature and roles of embodied experience in human functioning. As Nettleton and Watson (1998) suggest, individuals actually know a great deal about their day-to-day experience of their bodies, but this knowledge is rarely tapped by research. Phenomenological research examines lived experience “from the perspective of the actor, who is invariably embodied” (Nettleton & Watson, 1998, p.4). The next section reviews a number of studies which have examined lived experience of body-self in pregnancy and/or at post-birth.
Body-as-Subject in Pregnancy and Post-Birth

A small number of qualitative studies have examined experiences of embodiment from the point of view of the pregnant and/or post-birth subject. Whereas issues of weight, shape and appearance provide the focus for most quantitative studies of bodily life in pregnancy and post-birth (Heinberg, & Guarda, 2002), qualitative studies tend to emphasize experiential, body-as-subject dimensions of embodied experience. Overall, this research indicates that in pregnancy and post-birth women have an intensified encounter with their embodied life. In this time of heightened somatic awareness, women experience a plethora of changes to customary body-self and construct new personal meanings about their bodies. Perhaps the strongest single finding is a shift to increased focus on body-self as a site of interpersonal relation.

Heightened Awareness and New Sensations

Young (2005), conducted a phenomenologically based study of her own body experience in pregnancy and post-birth. She described pregnancy as “being thrown into awareness of one’s body” (2005, p.51). She concluded that pregnancy involves heightened awareness of the body as weighted, as limiting, as a source of (often pleasurable) sensory interest and as a site of continual change and creative process. She noted that pregnant women observe themselves for “signs of transformation” (Young, 2005, p.54).

Marshall (1999) also took a phenomenological case study approach to her body experience in pregnancy. She aimed to provide empirical data about the meaning of ordinary states of embodiment for the individual, and about the phenomenology of her own pregnancy. She experienced her pregnant body-self as transforming; as being composed of a multiplicity of shifting, changing body images.
Young (2005) reported that in her pregnancy “My automatic body habits become dislodged; the continuity between my customary body and my body at this moment is broken.” (p.50). Both Marshall (1999) and Young observed that they repeatedly compared their pregnant body to their pre-pregnant body in a kind of inventory of body changes. They experienced the changes of pregnancy as shifting their embodied experience away from a familiar, continuous, unified body-self to a unaccustomed sense of change and fragmentation.

As these studies clearly indicate, the changes in embodied experience women describe in qualitative studies of pregnancy and post-birth are not only based in the dimension of appearance, but also involve body-as-subject dimensions. Women describe a range of new experiences, from unfamiliar internal sensations, to a changed sense of self. Schilder (1950) described the experience of pregnancy and birth-giving as involving nothing less than the deconstruction and reconstruction of the woman’s multidimensional body image. This idea of the embodied self as involved in an overarching-process of disruption and then reintegration can also be found in feminist research on pregnancy and birth (Weiss, 1999; Young, 2005).

In phenomenological and narratively-based studies, women report a number of ways in which they experience their embodied life as disrupted, transformed, rendered conditional. Specific perceptual observations described include the movement of the baby (Bailey, 2001) increased physical restriction (Johnson, Burrows & Williamson, 2004), increased weightedness and changed shape (Marshall, 1999), more attention to, and self-location in, torso and trunk (Weiss, 1999) and the privileged access that the woman has to the developing baby through feeling/sensing (Schmeid & Lupton, 2001a).
New Meaning Constructions and Narratives

As well as experiencing a range of new sensations in pregnancy and post-birth, women report making new meaning constructions about body-self. Johnson et al. (2004) used an inductive, qualitative approach to research the impact of bodily changes during the transition to motherhood. Their participants reported novel internal sensations to which they assigned various meanings. The researchers reported that women interpreted these sensations on the basis of their own knowledge and beliefs, and on the basis of various social discourses relating to pregnancy and femininity.

Both Marshall (1999) and Young (2005) noted that in comprehending the new sensations that arose in pregnancy and birth, they drew on competing sources of information and authority such as their own considered experience and that of medical experts. Miller’s (2000) findings support this view that women utilize competing stories to construct their own meanings in relation to their experiences.

Miller (2000) made a longitudinal, qualitative study of 17 women’s narratives about the transition to first-time motherhood. She characterized the transition to motherhood as a time of uncertainty, unpredictability and identity change, and argued that women develop narratives in order to retrospectively give order, unity and meaning to their experience. Miller noted that a longitudinal design is particularly useful in investigating childbearing because data collection can span the extended time of the transition, and investigate changes across that time. According to Miller, women’s childbearing stories can be usefully seen as temporally ordered accounts of events associated with change.

The relevance of narrative constructions to the investigation of embodied experiences is also supported by Balthrop’s (1995) research in a different context.
Balthrop uses the term “body narratives” to describe stories with body-self at the centre. She made a qualitative/quantitative investigation of subjective aspects of body image in 30 women with Anorexia Nervosa, 30 women with Bulimia Nervosa and 30 women with no disorder. She examined participants’ body narratives, coded themes within them, and quantitatively analyzed differences between the groups. Balthrop argued that a rich array of aspects of individuals’ subjective relationships with their bodies can be discerned in body narratives, and similarities and differences identified between accounts.

As Balthrop (1995) argued, studies of body image have largely ignored the potential of narrative analysis in seeking to understand women’s body-self relations. She suggests that narrative analysis provides a fruitful opportunity for studying the construction of personal meanings about body-self. Balthrop noted that in stories about bodily life, the narrator uses her own spontaneously arising language to describe her body-self, she highlights her own contexts for body experiences, and she elaborates on personal meanings that she constructs about her body.

In childbearing and birth stories, themes of embodiment are prominent (McDonald, 1992; Wellish & Root, 1987). Childbearing stories offer an opportunity to research a women’s embodied life as it is embedded in her story, that is, as it relates to her motivations, intentions and responses in her particular situation. In their pregnancy and post-birth narratives, women construct and articulate new personal meanings about body-self. One of the strongest themes in women’s accounts is a shift to an increased focus on body-self as a site of interpersonal relation.
Interpersonal Dimensions of Body-Self

Communion with other bodies, and boundaries between bodies are themes which recur across qualitative studies of the body in pregnancy and birth. In first-time childbearing, the mother-to-be is faced with a new relationship, which is for most, irrevocable, lifelong and life-transformational. It is the most transformative interpersonal event of many lives, and it is based in compelling and challenging embodied events. It is perhaps not surprising that interpersonal dimensions of embodied life figure so strongly in women’s narratives about pregnancy and post-birth.

Although the plethora of new sensations, and the radical changes in body shape that pregnancy brings are salient aspects (Johnson, Burrows & Williamson, 2004), the themes that recur most often across studies are changes in body boundaries (e.g., Schmeid & Lupton, 2000a) and a shift towards the body as a form of communication (e.g., Bailey, 2001).

Marshall (1999) noted that the pregnant body she describes is “as social as it is individual”. Marshall (1999) advocates that in understanding women’s accounts of their bodily experience, researchers should pay attention to the interpersonal interaction that attends upon, and influences corporeal experience. Schmeid and Lupton (2001a) made a qualitative and longitudinal study of 25 first time mothers, focusing on the ways the women conceptualized their pregnancy, especially as expressed through their body images. They found that pregnancy was characterized by the loss of a clear conceptual boundary between the body of self and the body of another. Suddenly, in pregnancy, the woman’s body is herself, but also not herself. Body boundaries are reconfigured and rendered ambiguous with the growth of another inside the customary boundaries of self.
In a study of women’s experiences of breastfeeding, Schmeid and Lupton (2001b) found that for many women, this new permeability of boundaries, along with the major body changes of pregnancy and birth, was associated with a disturbing sense of lack of control over their bodies. Schmeid and Lupton interpreted these experiences as a challenge to a view of self as contained and autonomous.

**Embodyed Experience of Plasticity and Stability**

In the main, it is feminist theorists and researchers who have paid the closest attention to women’s experiences of their bodies in pregnancy and birth. They often employ and critique phenomenological perspectives (Weiss, 1999). A challenge exists from some feminist researchers to the assumption of major theorists such as Merleau-Ponty that in action, the body-self is a transcendent unity, aware of its purposes but not of itself; a securely bounded, impermeable whole (Schmeid & Lupton, 2001a; Young, 2005).

Drawing on theoretical argument, and on a small body of empirical work, feminist writers argue that pregnancy and birth are paradigmatic experiences of heightened awareness of body, and of the transformability, permeability, out-of-control and intercorporeal aspects of embodiment. They suggest that such experiences of body as self-aware, as ambiguously bounded, as leaky and unpredictable, challenge traditional phenomenological concepts of body-self as essentially stable, unitary and transparent (Weiss, 1999; Young, 2005).

Bailey (2001) raises the possibility that the embodied changes involved in gestation and birth provide women with a space and stimulus to change, to embody a new experiential reality perhaps more oriented towards intercorporeal exchange. Weiss (1999) views embodiment as inherently intercorporeal, as an expression of the ongoing
exchange between bodies. She understands body-self-world interaction as a series of intercorporeal exchanges occurring both within and between bodies. She suggests that in pregnancy and at post-birth, women tend to move towards this interpersonal dimension of embodied experience.

Weiss (1999), reflecting on her own pregnant body experience, suggests that the changes of pregnancy and birth may lead to “a new body integrity”, founded on a richer, more inclusive foundation of body experience and awareness (p.53). In her account, body integrity may be ultimately reinforced rather than diminished by the processes of gestation. She suggests that women may emerge from the process with a greater sensitivity to bodily events, abilities and movements. The body integrity envisaged by Weiss is, to a degree, founded on the unitary, stable body entity envisaged by early phenomenologists, but it also powerfully encompasses a sense of moment-by-moment change.

Weiss (1999) characterized the moment-by-moment flow of bodily experience as a series of shifting and overlapping body images or body identities. She pointed out the integral tendency of lived body towards moment-by-moment plasticity, as well as stability; body as at once a shifting multiplicity and a stable whole. Weiss conceived of the embodied process of childbearing as at a move towards increased plasticity, fragmentation and awareness, and a move towards reintegration.

**Summary: Studies of Embodiment in Pregnancy and Post-Birth**

In summary, a small number of studies of body-as-subject in pregnancy and post-birth suggest that women experience heightened awareness of body-self across several dimensions of embodied life. Findings suggest that women’s experience of their bodies as stable and unitary is challenged as they encounter internal and external
change. The findings raise the possibility that at post-birth, the experiences of childbirth afford women an opportunity to experience and construct their bodies somewhat differently, perhaps with an increased focus on body-self as a site of interpersonal relation, and increased sensitivity to body sensations and processes.

These findings emphasize that both stability and plasticity are central to women’s embodied experiences in pregnancy and post-birth. They underline the importance of a research strategy capable of examining relatively stable, unitary concepts of body-self, and conscious experience of current body-self state in the moment-by-moment flow of experience. Previous research indicates that women’s narratives and accounts of experiences are a useful source for research of women’s relatively stable body concepts. The literature provides less guidance for developing systematic research of conscious experience of current body state.

One of the difficulties in developing systematic phenomenological research strategies for examining individual’s moment-by-moment experiences of their bodies is that although theoretical discussions of embodiment are persuasive in broadly establishing the centrality of embodied experience in human functioning, they are non-specific about important aspects of lived experience of body. Conceptual frames around aspects of embodiment such as specific roles of conscious awareness of body in consciousness and functioning, kinds of conscious body experience, and processes and contexts of conscious body-directed attending, are remarkably absent in the literature.

The next section reports on a notable exception to this. Damasio’s (e.g., 1994; 1999; 2003) neuroscientific research is used to further develop a theoretical and conceptual basis for the exploration of conscious body experience. Damasio’s view on the roles of conscious body experience in consciousness and functioning is outlined. It
is argued that his work supports a distinction between a present-based, moment by
moment, changing sense of body-self, and a more stable, constructed body-self
involving memory, stories and concepts. Research evidence is presented for an integral
link between conscious body experience and normal social and cognitive functioning.
Damasio’s concept of somatic images as the basic content of the flow of current
conscious body experience is described, and related to Gendlin’s (1978; 1998) concept
of “felt sense”. These concepts are integrated with other literature in a review of
evidence about the ways individuals access and utilize their moment-by-moment
conscious experience of body-self.

Body-as-Subject: Conscious Body Experience

Damasio, Body and Consciousness

Antonio Damasio is one of the world’s leading neuroscientific researchers
(Dennett, 1995). His theoretical work on the neurobiology of consciousness integrates
neuroscientific research, clinical case studies, and philosophical perspectives.
Damasio’s work provides a framework for understanding the pivotal role of conscious
experience of body-self in human consciousness and in normal functioning (e.g.,
Damasio, 1994; 1999; 2003). Dennett characterized Damasio’s work as articulating a
compelling and neuroanatomically detailed challenge to Cartesian dualism.

Damasio’s (1999) view is that human consciousness involves concurrent
representation of an object and a self in the act of knowing. According to his account,
self emerges into consciousness in interactive relation to the world of objects. As the
state of the body changes in relation to objects, (actual or mental), these somatic
changes are mapped in brain structures which represent the organism itself, the object to
which it relates, and their relationship. The sense of a bounded, singular self which is an entirely consistent feature of normal human consciousness is generated (and endlessly re-generated) in this encounter between self and object. Consciousness arises in the perception of changes in internal body state in response to environmental events.

The neural mapping of the object in this ongoing consciousness-forming interaction between self and object is reasonably well accounted for by neuroscientific explanations of patterns of neural activation involved in the perception of external objects. Specific signals (e.g., visual, aural) elicit distinct patterns of neuronal and hormonal activation in dedicated areas of the brain. These patterns are encoded in memory, and are available for subsequent retrieval (Damasio, 1999).

Damasio (1999), however, is concerned with understanding the mapping of the body/self, which is little considered in traditional accounts of perception. In his account, the unique feature of the neural mapping of the self is that the sensory information comes not from the external world (as in sight, sound and other senses) but from inside the organism itself, from the mapping of internal body states.

He observes that the body proper is extraordinarily well represented in the brain. The body is abundantly, continuously (and non-consciously) mapped in regulatory brain devices which maintain body state within the narrow range required for survival. Damasio’s (1999) conclusion is that these representations provide the “deep roots” of sense of continuous self, including elaborated, autobiographical self (p.16).

According to Damasio (1999), the detailed ongoing maps of body state continuously created by the ensemble of regulatory brain devices which maintain the stability of the human organism are non-conscious. Individuals are not aware of the activity of these brain devices. They are the necessary and non-conscious precursor of
conscious bodily experience. Damasio terms this level of self “proto-self.” Proto-self is “the non-conscious forerunner for the levels of self which appear in our minds as the conscious protagonists of consciousness: core self and autobiographical self” (p.22). Core self and autobiographical self, then, are bodily-based aspects of self that are conscious and available to phenomenological investigation.

Core self is the unwavering sense of a bounded, singular self which characterizes normal human experience. Core self is generated (and constantly re-generated) in an encounter between self and object in the present moment. The consciousness of self thus generated is simple, ongoing and subtle but accessible to consciousness. Core consciousness is functionally very close to emotions, requiring some of the same neural substrates and tending to occur together. Core self (or core consciousness) is the moment-by-moment formation of “the very thought and feeling of you” (Damasio, 1999, p.727). Damasio suggests that individuals often screen out their core consciousness in order to attend more fully to environmental events, but that this subtle, embodied sense of body-self state is always present and available to consciousness, in a constantly shifting internal landscape.

Extended consciousness relies on core consciousness not just for its development, but moment-by-moment. Autobiographical self is generated through extended consciousness. Extended consciousness goes beyond the endlessly recreated here and now of core consciousness into a richer present, informed by past events and future potentials, by the unique biography of the individual, and by abilities such as planning, problem solving and creativity. The sense of self that arises from extended consciousness includes the fleeting, sentient core self, but goes beyond it through the reiterated processing of personal memories to a more stable, constructed self. The
autobiographical self provides a marvellously broader context for body-self, both temporally and conceptually. It is also entirely founded upon and functionally dependent upon proto-self and core self, and thus on embodied life (Damasio, 1999).

In terms of developing an approach to the phenomenology of body-self, Damasio’s (1999) formulations suggest two forms of conscious bodily experience for attention. On the one hand, there is the present-based, moment by moment, changing sense of body-self in the act of perceiving that emerges in core consciousness. On the other is a more stable, constructed sense of body-self which involves memory, stories and concepts.

**Conscious Body Experience and Normal Functioning**

In Damasio’s view of embodied life, conscious body feelings are indispensable to normal human functioning. Damasio (1994) sets out a considerable body of research evidence supporting a integral link between effective complex reasoning and conscious experience of body. In a series of neuroscientific research studies, clinical case studies, and review of relevant research findings, Damasio makes meticulous observation of the effects of brain damage causing loss of capacity to access continuously updated current body state.

For example, Damasio (1994) investigated the neurological condition, anosognosia, in which patients with significant illness and physical deficits (such as partial paralysis from major stroke) deny their illness and report flat affect. He found that this permanent inability to sense the physical defect and to respond appropriately emotionally was associated with damage to a collection of areas of the brain associated with mapping body state. Damasio also cites evidence from clinical case studies that neurological damage to these same brain areas is implicated in the dysfunction of
individuals who, despite a high general level of cognitive functioning, are unable to make adaptive social decisions, resulting in devastating effects on their lives and relationships.

Damasio’s (1994) premise is that in normal functioning, conscious body states subtly pervade mental life, and that this background awareness of body-self provides crucial input to processes such as reasoning and decision-making. His view is that a constant flow of background feeling (along with intermittent eruptions of strong emotion and/or strong physical sensation) contributes indispensable content to normal mind. This view is consistent with those of body image theorists Schilder (1950) and Fisher (1986). Each of these researchers considers that conscious body feelings provide a basic and continuous sense of self, signal the goodness and badness of situations, and constrain and specify kinds of thinking and attention. Each note the existence of background feeling which is the conscious experience of embodied body-self when not perturbed by strong sensation or emotion; a continuous global sense of body-self which is subtle, but easily accessed.

**Somatic Images and Felt Sense**

Damasio (1994) further specifies this flow of conscious body feeling as involving two kinds of content: somatic images and somatic markers. Somatic images are images of the internal milieu, as opposed to other perceptual images, which are images of the environment. By using the word image, Damasio does not mean to imply a visual perceptual mode. On the contrary, somatic images are internally sensed. They are internal body feelings, constructed anew in each moment. Damasio uses the term “soma” to refer to soma or body in the general sense, including all types of body sensations. The content of somatic images includes background feelings, emotion,
visceral, muscle and joint sensations, pain and other sensations. Like other perceptual images, as well as carrying specific perceptual material, somatic images have webs of association with objects and events. They carry associations with past and future, and have an emotional valence.

Somatic markers are a special subset of somatic images. Somatic markers are somatic images encoded in memory and recalled. Like all somatic images, somatic markers are inherently associated with events and objects. Damasio (1994) contends that when an event or object is encoded in memory, the conscious body state (or somatic image) that accompanied it is also encoded. When the memory is retrieved, the memory of the somatic image provides the sense of goodness or badness; the emotional import of the experience. Somatic markers provide a vast cognitive resource of accumulated somatic experience which is constantly drawn on in normal functioning.

In explicating the concept of somatic markers, Damasio (1994) gives the example of recalling a person, Aunt Maggie. Damasio suggests that as part of the act of recall, a generalized somatic sense of Aunt Maggie pervades the body-self, and that this sense (Aunt Maggie’s somatic marker) is a crucial part of knowing her. He gives another example, of encountering a frightening man. Without the somatic marker mechanism, should the man be re-encountered, he would be recognized, but the threat he represented would not. The somatic marker provides a crucial sensed relation to the object.

This concept (without its neurological underpinnings) has distinct similarities with Gendlin’s (1978) concept of “felt sense”. Felt sense is a bodily-based holistic sense of events and objects as they occur. The body is the site of a life process which carries forward complex and intricate meanings in the form of a integrative felt sense of things.
According to Gendlin (1999), individuals “live from bodies which are self-conscious of situations” (p.233). A bodily-based flow of experiencing is ever-present and easily accessible to inwardly-directed attention. In Gendlin’s view, this pre-conceptual, pre-logical experiencing is a fundamental component of human experience and profoundly influences cognition, behaviour and the formation of meaning.

A series of research studies generated, and support, Gendlin’s (1998) view of the import of conscious experience of body-self. In a number of early studies on psychotherapy outcomes, Gendlin and colleagues found (to their surprise) that outcome was predicted not by therapeutic style or content, but by how the client related to bodily-based experience (cited in Gendlin, 1978). A recent review of eighty-seven studies (Hendricks, 2001) found this to be a robust finding. Clients who showed increased ability to refer directly to bodily felt experience did better in psychotherapy, according to client, therapist and objective outcome measures, and across a variety of therapeutic styles.

Both Gendlin (1998) and Damasio (2003) understand the body proper as existing in sentient relation to situations, and as contributing important content to cognitive functioning. They also both suggest that individuals do not only receive conscious body states passively, but can interact with them and alter them. Damasio (2003) observes that somatic images are different to other perceptions in that the object being mapped in neural patterns is inside the body, and part of the living organism doing the mapping and the sensing. This means that, (unlike visual or aural imaging), in somatic imaging, the person can directly relate to, and alter the object being perceived – the conscious body state. Gendlin has developed a widely used approach to psychotherapy based on this premise (Polkinghorne, 1997).
The next section summarizes some implications that arise from the phenomenological perspective on embodied life, and from Damasio’s, and Gendlin’s work, for study of experiential, moment-by-moment aspects of embodied experience. Evidence is reviewed about the ways individuals access and utilize their moment-by-moment conscious experience of body-self, and this is related to the present research.

Studying Conscious Experience of Body-Self: Some Parameters

Consistent with the phenomenological perspective of Merleau-Ponty (1964), both Damasio (2003), writing from a neuroscientific standpoint, and Gendlin (1999) from a humanistic one, endorse the view that human bodies are best understood from a systems perspective, as body-self-environment interactions. In this view, individuals are integrated, complex organisms interacting with the world and concurrently experiencing input both from the external environment and the internal milieu. This means that conscious internal body experience is not only about the internal body (although it certainly is that). It is also inherently about situations and objects; the external world. Internal body experience is also associated with cultural constructions of ideal body type and shape. Merleau-Ponty (1964), Gendlin (1999) and Damasio (2003) all take the view that in each person, at each moment, there exists a consciously accessible stratum of body sensation or feeling which reflects the body’s current state in response to events and objects. This stream of somatic information or feeling also draws on body states and body information mapped in the brain and encoded in the past (Damasio, 2003). This stratum of background body feeling is closely linked with the continuous sense of self which characterizes normal consciousness. It is increasingly implicated in cognitive processes such as complex decision making (Damasio, 1994), and in overall feeling states such as global sense of wellbeing (Bakal, 1999).
Individuals can attend to, alter and utilize this available body consciousness according to their own purposes, motivations and beliefs (Gendlin, 1998; Schilder, 1950). Bermudez, Marcel and Eilan (1995), reviewing literature which integrates social scientific approaches to the body, emphasize that individuals develop their own particular vocabulary of body practices, ideas and experiences.

Individuals can, and do, invoke their body experience by shifting their attentional focus in acts of conscious bodily attention (O’Shaughnessy, 1995). Focal body attention arises in the context of a more general recessive bodily awareness which is present in all normal human experience (Damasio, 1999; Nettleton & Watson, 1998). Conscious experience of body has been described in the literature using a number of terms. For example, body awareness (Bakal, 1999), body-directed attending (O’Shaughnessy, 1995), somatic images (Damasio, 1994), raw feels (Neisser, 1997), and felt sense (Gendlin, 1978). However, remarkably little in the psychological literature provides insight into the purpose of shifts in body-directed attention from the individual’s point of view (Nettleton & Watson, 1998), or into the processes and habits of body-directed attending that individuals employ.

Body image researcher and theorist Seymour Fisher (1973) refers to a process he calls “body scanning” in which an individual makes broad sweeps of attention through the body. He suggests that such inspection of one’s body is an inherently meaningful process for the individual. However, to date there has been no empirical research on this idea. Philosopher Brian O’Shaughnessy, (1995) called the process of attending to current body-self state “body-directed attending”. O’Shaughnessy defines body-directed attending as “an attentive experience” of the physical reality of body-self (p.176). It is
not a cognitive attitude, nor a belief. It is a perceiving of body; a conscious variety of proprioception.

O’Shaughnessy (1995) identified three kinds of body-directed attending. Introspective body-directed attending is the intentional turning of attention to body self. Body-self is the focal point. According to O’Shaughnessy, this is the exception to the more usual experience of attending to body in instrumental action. In the latter case, conscious experience of body-state is embedded in action. Conscious experience of body is necessary to the action, but is a background awareness, “recessive and harmonious” with the action (p.183). O’Shaughnessy’s third kind of body-directed attending arises out of this constant background body attending when particular sensations or actions “usher into being a perceptual awareness” of a body part. O’Shaughnessy’s view is that intentional body-directed attending employs the same basic perceptual mechanisms as does attending prompted by strong sensations. These distinctions may be useful in understanding body-directed attending from a phenomenological perspective, but no empirical examination of these ideas was located.

Body-directed attending, as characterized in the psychological literature, has two faces. On the one hand, conscious awareness of body is seen as a healing tool (Bakal, 1999), a source of personal insight (Gendlin, 1999) and an indispensable part of consciousness, central to effective cognition and action (Damasio, 1999). On the other hand, high levels of somatic awareness have been associated with increased symptom perception and indirectly, with somatization, negative affectivity and body dissatisfaction (Bekker, Croon & Vermaas, 2002). Research supporting objectification theory suggests that high levels of habitual monitoring of body appearance may be a pathological form of attention to one’s body related to negative body images.
(Tiggemann & Lynch, 2001). There is no research as yet suggestive of salutogenic forms of attention to body in relation to the maintenance of positive body images.

**Body-Directed Attending in the Present Research**

Previous research (e.g., Weiss, 1999; Young, 2005) suggests that pregnancy and post-birth experience offer a singular opportunity for the study of conscious experience of body, because at this time, the frequency of women’s body-directed attending is increased, focus on embodied events is intensified, and women are involved in a time-limited process of deconstruction and reconstruction of customary experience of body-self. Longitudinal research across the trajectory of pregnancy and post-birth provides a way to investigate changes in women’s body-directed attending across this transition time.

The current research aimed to investigate the phenomenon of body-directed attending, and changes in women’s use of this process in pregnancy and post-birth. The study of women’s body-directed attending provided a clear research focus for examining experiential, moment-by-moment aspects of women’s embodiment in pregnancy and post-birth. O’Shaughnessy’s (1995) concept of “body-directed attending” was adopted as a useful term to describe women’s conscious experience of their bodies. Specifically, O’Shaughnessy’s definition of introspective body-directed attending as the intentional turning of attention to body self helped to define the phenomenon under study.
Summary and Rationale: A Situated, Multidimensional and Experiential Approach to Studying Embodiment in Pregnancy and Post-Birth

In Chapter Two an argument was made for research of women’s body images from a situated, multidimensional and experiential perspective. The current research aimed to examine body-self-environment interaction in pregnancy and post-birth, investigating both body-as-object and body-as-subject dimensions. The situation of pregnancy and post-birth experience made possible examination and comparison of individual women’s embodied experiences situated in a major life event with common experiential and temporal landmarks.

Embodiment in pregnancy and post-birth is inherently multidimensional. Across this trajectory, women’s appearances, particularly their weight and shape, undergo rapid and major change. Their awareness of their bodies is intensified as they encounter new sensations and symptoms. The ways they understand, experience and value their bodies may shift and change. Women’s embodied lives take on an entirely new and life-changing function in the gestation and birthing of a baby. They are involved in a process of deconstruction and reintegration of their embodied experience across a specific timeframe. Women’s situated experience in pregnancy and post-birth provided a research opportunity to investigate dimensions of embodied experience salient for women themselves, and to examine change across various dimensions (e.g., body image, function, meaning).

Qualitative research about embodiment in pregnancy and post-birth (Schmeid & Lupton, 2001a; Young, 2005) emphasizes both plasticity and stability in women’s experience of their bodies. Likewise, Damasio’s (1994) framework for understanding conscious embodied experience reinforces the importance of both moment-by-moment,
experiential aspects of embodiment and more stable, constructed aspects based in memory, concept and autobiography. The influence of moment-by-moment, experiential aspects of embodied experience is also attested to by theory and research linking self-objectification to the ill effects of low body image satisfaction (e.g., Fredrickson and Roberts, 1997; Tiggemann & Lynch, 2001). Taking direction from this literature, the current research aimed to examine women’s conscious embodied experience in pregnancy and post-birth at two levels – a plastic, present-oriented, experiential level, and a relatively stable, constructed, storied, conceptual level (This distinction does not mean to imply that stories and constructions are fixed or immutable. Clearly these meanings are fluid and change over time). The purpose of the research was to contribute to the understanding of women’s embodiment in pregnancy and post-birth, to investigate the phenomenon of body-directed attending, and to discern experiential and conceptual aspects of positive and negative body images. The thesis investigated ways that women create meaning both through, and about, their own bodies. The phenomenology of ordinary experiences of body-self in pregnancy and post-birth were explored in order to contribute some grounded data in a highly theoretical field. Focus was on how women experience body-self both as perceiving (subject) and as perceived (object). This last section of the chapter outlines the broad methodological approach and the specific aims of the research.

**Methodological Approach: Phenomenological and Narrative**

The present thesis sought to examine women’s situated embodied experience, from their own point of view, as they negotiated a series of life-transforming events in pregnancy and birth. In line with this aim, the research adopted a phenomenological
orientation towards bodies and persons. The body in question is a lived body, personally meaningful, in dynamic relation with self and world, and understood from the point of view of the woman herself.

An interpretative, qualitative approach was needed to allow for a reasonably non-prescriptive, inclusive approach to embodied experience, and to investigate the ways individual women construct their own experience, particularly as this contributed to positive body-self-relations. To realize the aims of the research, a research strategy was required which generated rich and detailed experiential data about embodiment from the woman’s own point of view, and provided systematic strategies for data analysis.

Narrative and phenomenological research methods were employed to elicit and analyze in-depth, first-person accounts of women’s lived experience of embodied life in pregnancy and post-birth. Both approaches emphasize the importance of the perspective of the research participant and both have strengths for eliciting detailed data based in personal experience.

Phenomenological research methodologies acknowledge the domain of meaningful, first-person experience as a crucial locus of human knowledge, and as a valid focus for systematic research. They focus on individuals’ embodied experience of being-in-the world. The aim of phenomenologically-based research is to produce clear and accurate descriptions of specific aspects of human experience (Polkinghorne, 1989). Phenomenological approaches take a multidimensional, integrated view of body-self, understanding bodily experience as integral to all human experience (Moss, 1989). They provide methods for examining the present-based flow of embodied consciousness.
Narrative methodologies also focus on the personal world from a first-person perspective, but they have particular strengths for understanding human experience as situated in events and actions. Mishler (1986) describes narratives as a form in which people express their understanding of their experiences. A substantial body of theoretical and research work on narratives presents a persuasive case that individual’s stories are both formative of, and expressive of, personal meaning and identity (e.g., Josselson & Lieblich, 1995; Sarbin, 1986). Narrative research methods focus on the meanings individuals’ construct; the way they interpret themselves, in the context of the events of their lives. They provide a temporal, situated perspective on the construction of meaning.

The research aimed to investigate moment-by-moment experiences of embodiment along with more stable, constructed meanings about body-self. Phenomenological approaches have particular strengths for the study of moment-by-moment experiences of embodiment whereas narrative approaches emphasize more stable, constructed meanings about body-self, and the situated and temporal aspects of personal experience. A combination of phenomenological and narrative strategies permitted the generation of data about moment-by-moment embodied experience as well as more stable, constructed meanings about body-self.

**Sources of Data: Present-Based, Experiential Experience of Body-Self**

One of the aims of the research was to examine moment-by-moment, experiential aspects of embodied experience. Both phenomenological and narrative research methods can give rise to descriptions of moment-by-moment embodied experience. The basic data of phenomenological research are rich and detailed descriptions of lived experience (Polkinghorne, 1989). Narrative approaches seek to
generate self-structured personal stories. These stories also contain descriptions of lived experience in episodic memories. Such memories contain summary records of sensory-perceptual and affective aspects of experience (Conway, 2005). Women’s direct descriptions of their embodied experiences, and the episodic components of their narratives contained what Conway (2005) called “event-specific” and “experience-near” data about their experiences (p.595).

Phenomenological research methods also provided a useful strategy for investigating women’s body-directed attending. Experiential reflection is a phenomenological research method well suited to examining present-based, plastic, bottom-up aspects of embodied experience which arise in perceptual experience and move towards articulation and interpretation. In an experiential reflection, the research participant pays attention to, and describes an aspect of their current phenomenological experience (Polkinghorne, 1989). This mode of data collection is designed to examine the flow of current lived experience from the point of view of the participant. For the current research, experiential reflection provided a method for eliciting women’s accounts of their lived experience of moment-by-moment attending to their bodies.

Sources of Data: Stable, Constructed Meanings About Body-Self

To examine relatively stable meanings about body-self, and change across the events of childbearing, the study of autobiographical narratives provided a method for eliciting and analyzing data firmly situated in women’s own construction of events. Narratives contain abstract and conceptual knowledge about the self (Conway, 2005). Personal stories involve self-images situated in temporal events.

Body image is a relatively stable constructed meaning about the body (Cash & Pruzinsky, 2002a) given particular focus in this research. In current usage, body image
is understood as a cognitive/affective attitude to body appearance; a top-down body concept derived from concepts, memories and beliefs and influenced by social norms. Narrative analysis provided a method of examining this concept, along with other relatively stable, long-term, conceptual aspects of women’s embodiment in pregnancy and post-birth. For the present research, women’s narratives provided a data source for women’s self-images in respect of their bodies, and for the temporal landmarks by which they structured their accounts of embodied experience in pregnancy and post-birth.

**Approach to Data Analysis**

The approach taken to processing the data was primarily phenomenological, with aspects of narrative analysis included to emphasize the temporal, situated nature of embodied experience in pregnancy and post-birth. In line with both phenomenological and narrative research methods, data analysis began with systematic and detailed study of each participant’s account of their experience, and the discernment of themes/meaning units. Following a phenomenological approach to identifying and reporting the central patterns in the data (Giorgi, 1985) common meaning constituents were identified, and two situated structures were developed.

A situated structure is a form for summarizing and presenting phenomenological research findings. It aims to provide an accurate, articulate description of the experience under study. In line with the aims of the research, situated structures were developed of the experience of body-directed attending, and of shifts in multidimensional embodied experience across the temporal narrative of pre-pregnant, pregnant and post-birth body. These situated structures each provided an account of shared aspects or central patterns in the data; a summary of embodied experience common to participants.
In classical phenomenological research the situated structure would constitute the overall findings of the research. It would be understood as an account of aspects of the experience under study that are invariant and essential across contexts (Polkinghorne, 1989). In the present research, a more contextual approach was taken. The situated structures were not understood as producing invariant and essential meanings generalizable across all contexts, but as accounts of integral and shared embodied experiences for these participants in their particular and changing situation in pregnancy and post-birth. The situated structures were understood as grounded summaries of specific embodied processes, and they were used to provide a basis and reference point for further specific analyses relevant to the aims of the study. This approach was consistent with the overall intention to examine multidimensional embodied experiences in the temporal events of pregnancy and post-birth.

**Overall Aims of this Research**

The present thesis examined conscious experience of, and meaning constructions about, embodied experience in the context of first-time childbearing. There were three broad aims. The first was to examine women’s multidimensional embodied experience in pregnancy and post-birth. The second was to make a detailed enquiry into the process, content, and purpose of conscious body-directed attending. The third was to investigate women’s accounts of the effect of pregnancy and birth-giving on women’s body image satisfaction.

**Aims and Associated Research Questions**

**Aim 1:** To examine women’s embodied experience in pregnancy and post-birth.
1: How do women experience and describe their embodied life in pregnancy and post-birth?

2: Are systematic shifts in embodied focus evident across the trajectory of pregnancy and post-birth?

**Aim 2:** To make a detailed enquiry into the process, content, and purpose of women’s conscious body-directed attending in pregnancy and post-birth.

1: What is the content of women’s body-directed attending?

2: Do women employ a common experiential process of intentional body-directed attending?

3: Are there individual differences in the frequency of, and purposes for, body-directed attending?

4: Does body-directed attending in pregnancy differ from body-directed attending at post-birth?

**Aim 3:** To investigate the effect of pregnancy and birth-giving on women’s body image satisfaction.

1: How do women experience and describe their body image satisfaction in pregnancy and post-birth?

2: Does a woman’s relationship with other dimensions of her embodied life impact on her body image satisfaction?

3: Are there pathogenic and/or salutogenic forms of body-directed attending in respect to body image satisfaction?

The next chapter outlines the methods used in the research. The research participants are described, the procedures used for data collection and data analysis are specified and some points about the validity of the data are addressed.
CHAPTER 4: METHOD

Chapters 2 and 3 outlined the theoretical orientation, the methodological approach, and the aims of the thesis. This chapter first describes the research participants. This is followed by an account of the data collection procedure. A reflection is then given on the personal relation of the researcher to the research topic. Next, the several stages of data analysis are outlined. The chapter ends with a discussion of issues of validity of the data.

Participants

The participants in the research were 13 women who were all pregnant with their first babies at the time of the initial interview. The mean age of participants was 31 years, with a range of 27 to 37. Most had undergraduate \( n=4 \) or post-graduate \( n=6 \) level education, and the remainder had post-school training in specific skills areas \( n=3 \). All were in marriages or established partnerships. Two of the women identified themselves as Jewish, two reported Greek, and one a Brazilian background. The remaining participants did not report a specific ethnic background and were presumed to identify as Anglo-Australian.

The women were initially contacted through a process of snowballing which began with acquaintances of the researcher. As the research proceeded, participants themselves suggested further contacts. The specific parameters for inclusion were established first-time pregnancy, interest in participation, and lack of significant medical complications in the pregnancy. The women reported a variety of motives for participation. About half said that a friend’s recommendation was important in their decision. Several reported a generally supportive attitude to research and a desire to
contribute. Several felt that participating in the interviews would be an interesting thing to do. Two were particularly interested in research about body or body image, and one wanted to contribute to research about birth.

Given the focus of the study on aspects of body-self relations, it is notable that the sample contained four participants who had training and professional experience in specific body-related disciplines (contemporary dance and/or Alexander technique and/or Pilates). These participants might be expected to have particular body-related interests and practices, and perhaps to have reflected on their body-mind experience more than other participants (Herzig, 2001). As the majority (n=9) of the sample had no such strong orientation to body disciplines, the inclusion of a number with particular body-related training added to the diversity of the sample in respect of the body-self relationship. This is consistent with the focus in selecting participants for a phenomenological study, which is to generate a full range in the descriptions of experience that will form the basis of the analysis (Polkinghorne, 1989).

**Procedure**

**Data Collection**

The basic process and the outcomes of data collection are outlined in Table 4.1. At each of two data collection times, the women participated in an open-ended interview, and in an experiential reflection on an act of body-directed attending.
Table 4.1: Data Collection Process and Resulting Data

<table>
<thead>
<tr>
<th>Collection Time</th>
<th>Procedure</th>
<th>Resulting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Pregnancy</td>
<td>Interview 1</td>
<td>Pregnancy narrative and descriptions of embodied experiences</td>
</tr>
<tr>
<td></td>
<td>Experiential Reflection 1</td>
<td>Description of act of body-directed attending</td>
</tr>
<tr>
<td>Post-Birth</td>
<td>Interview 2</td>
<td>Birth and Post-Birth narratives and descriptions of embodied experiences</td>
</tr>
<tr>
<td></td>
<td>Experiential Reflection 2</td>
<td>Description of act of body-directed attending</td>
</tr>
</tbody>
</table>

As Table 4.1 shows, women participated in an interview and an act of body-directed attending in pregnancy and again at post-birth. The first interview was timed to occur when the pregnancy was well established (i.e., post 12 weeks) and when the participant was likely to have felt the baby moving, but before the birth was imminent. At first interview, eight of the participants were between 20 and 30 weeks pregnant. Three of the women were between 30 and 40 weeks, and one was 14 weeks. The second, post-birth interview took place within three months of the birth of the baby. The rationale here was that the interview occur after the first critical six weeks of adjustment to new parenthood, but still within the post-birth period. These interviews ranged from 7–12 weeks post-birth.
Recruitment

After an initial contact, typically by phone, participants were sent an information letter which told them that the study was “researching what women have to say about their experiences of their bodies during pregnancy and post-birth”. The letter informed the women that participation in the study involved two interviews, one during the pregnancy and one in the post-natal period. (The information letter is appended as Appendix A). At the end of the first interview, an arrangement was made between the researcher and each participant about how the participant wanted to be contacted after the birth of her baby (by phone, email or letter). It was made clear at this time that if for any reason a woman did not want to participate in the post-natal interview, she could withdraw from the research. However, all participants chose to complete both interviews. As shown in Table 4.1, at both times, each participant engaged in a narrative/phenomenological interview and an experiential reflection on body-directed attending. A description of these procedures follows.

Narrative/Phenomenological Interviews

The aim of the interviews was to generate rich, detailed and specific verbal accounts of women’s experiences of embodiment across the timeline of childbearing. Phenomenological and narrative methods of data collection were compatible and complementary. The form of data basic to phenomenological research is descriptions of experience (Moss, 1989). The form of data basic to narrative research is stories, which also contain descriptions of embodied experience in episodic memories (Conway, 2005). In the research, participants were asked to talk about their experience in such a way that invited both narratives and descriptions of embodied experience.
Data collection took the form of interviews using open-ended questions designed to elicit first-person accounts of experience (Balthrop, 1995; Mishler, 1986). Some questions explicitly invited narratives (the story of the pregnancy so far, the birth story) and some invited in-depth, self-structured accounts of embodied experience. The interview protocol was piloted in several short interviews with pregnant or post-birth women ($n=5$). This process helped to refine the structure of the interviews and the wording of questions. In particular, the pilot interviews reinforced the importance to participants of being invited to tell their story in their own way.

All of the interviews took place face to face in the participants’ homes. The interviews ranged in length from 50 to 90 minutes. Before each initial interview consent forms were presented and some demographic information elicited (See Appendix B).

**Structure of Narrative/Phenomenological Interviews**

The structure of the pregnancy and post-birth interviews was similar. Each interview began with an invitation to the participant to tell a story. The pregnancy interview began with a request to tell the story of the pregnancy thus far. The post-birth interview started with a request to tell the birth story. (While the content of the birth story was not directly used in the research, its telling was important to the flow of the post-birth interview for the participant). The chosen starting and ending points of a story define the story and greatly influence its form (Reissman, 1993), so participants were invited to begin the story “whenever you feel it begins” and it “where you feel it ends”. The participants expressed no difficulty with identifying these stories and embarked on telling them without further prompting, most often with a minimum of input from the interviewer. In both the pregnancy and the post-birth interviews, the second component of the interview involved open ended questions about the participant’s embodied
experience. In Herzig’s (2001) terms, body narratives were elicited. The specific content of this part of the interview largely followed the participant’s lead, following an initial probe such as “How is it to be in your body now?”. However, if the participant did not spontaneously cover both object and subject aspects of embodied life, the interviewer prompted talk of the dimension not covered (Bullington, 1997). Throughout the interviews, reflective listening techniques were used to check the accuracy of the interviewer’s understanding and to build rapport.

**Experiential Reflection on Body-Directed Attending**

A phenomenological research strategy, experiential reflection, was used to investigate the women’s body-directed attending. Experiential reflection is a research method well suited to examining present-based, plastic, bottom-up aspects of embodied experience which arise in perceptual experience and move towards articulation and interpretation (Polkinghorne, 1989). Phenomenological researchers have employed various forms of experiential reflection as practical research strategies to explore the present-based flow of consciousness. In this kind of data collection procedure, the researcher generates an experience for the participant and invites the participant’s reflection on that experience. This mode of data collection is designed to examine the flow of current lived experience from the point of view of the participant. For the current research, experiential reflection provided a method for eliciting women’s descriptions of their lived experience of paying attention to their bodies.

Participants were invited into an act of body directed attention, and subsequent reflection upon that act. The phenomenon in question was the experience of conscious body-directed attending in the flow of present-based consciousness. It was reasoned that in researching a present-based experiential phenomenon, engaging participants directly
in a relevant act would be more likely to elicit rich description and reflection on the phenomenon than generalized retrospective discussion about body attending (which would be more likely to elicit conceptual discussion).

Experiential reflection was used to explore content, process and purpose of conscious body-directed attention. These three a priori categories helped structure the data collection process in order to elicit a reasonably comprehensive account of the women’s experience of body-directed attending. To illustrate these aspects of body-directed attending, suppose a woman in early pregnancy attends to a sensation which may be her baby moving. Her perception has content. It is certainly a discernable kind of sensation with specific sensory characteristics. Her encounter with this sensation may also involve an affective response (how she feels about sensing her baby move right now) and/or a cognitive interpretation (is this the baby or my tummy rumbling?). Her perception also involves a particular process of conscious body attention. Perhaps her attention was claimed by a sensation that was strong enough to disrupt her attentional focus, or perhaps she intentionally directed her attention to her internal milieu (purpose) and “discovered” the sensation. The experiential reflection examined the content, process, and purpose of women’s body-directed attending in pregnancy and post-birth. Although these three categories were used to help structure the experiential reflection, in the data analysis process, meaning categories suggested by the data were also utilized.

The form of the experiential reflection was trialled in a series of pilot sessions, with individuals and with a student group (who made written responses). These pilot sessions indicated that people did not have trouble understanding and accepting the basic invitation to body-directed attending, and that they did not need further instruction
to proceed. It became apparent that for a few participants, the slight social awkwardness involved in attending to self in the company of the researcher needed to be mentioned. When this was done, they were able to proceed without difficulty.

Both the pregnancy and the post-birth interviews were followed by an experiential reflection on an act of conscious body directed attention. The interviewer invited the participant’s body directed attending with a specific form of words which varied little across interviews. Kinesthetic instructions (such as “feel”) tend to lead to the adoption of a first-person perspective, while visual terms (such as “watch” or “see) tend towards the adoption of a third-person perspective (Foley & Ratner, 1998). The form of the instruction was intentionally open-ended in perceptual terms to allow for the participant’s interpretation.

The interviewer said “I’d like to invite you, in the here and now, to pay a little bit of attention to your body and tell me what you notice.” Participants usually found this invitation clear and paused for between 5 and 25 seconds before replying, sometimes closing their eyes during the pause. If the participant expressed any difficulty or confusion, the interviewer clarified the request and/or acknowledged the degree of social awkwardness involved in paying conscious attention to one’s own body face to face with an interviewer, and suggested that the participant just try it out. This occurred only twice.

After the participant had related what she noticed during her body-directed attending (content), the interviewer asked her to reflect on that act of body-directed attention. Specifically, the interviewer asked the participant how she went about paying attention to her body (process). Finally, the interviewer asked the participant whether she would use that kind of process (that she had just described) in her everyday life. If
she replied affirmatively, the interviewer asked her when and why she would use it (context and purpose). The post-natal interview ended at this point. The pregnancy interview also included open ended questions about plans, expectations and feelings about the birth to come. (Detailed interview protocols are in Appendix C.)

**Researcher’s Self Reflection**

Giorgi (1985) suggests that self-reflection (or individual phenomenological reflection) is important in psychological phenomenological research in order for the researcher to locate assumptions and biases and to help define the dimensions of the experience under study. This suggestion is consistent with practice in other forms of qualitative research (Silverman, 2001). Because the researcher’s orientation to the research question is acknowledged to be of influence in the collection and interpretation of data, it is part of the researcher’s work to become aware of their ‘set’ (Giorgi, 1985) towards the data, and seek to employ it judiciously.

I have attempted here to articulate something of my relationship to embodied experience and to body-directed attending. I have a longstanding interest in the relationship between personal meaning and embodied experience. As a choreographer of contemporary dance for more than twenty years, finding creative ways to integrate personal meaning and embodied life was my daily practice. During these years I learnt about many different ways of thinking about and experiencing my own embodiment. Some of these forms were movement improvisation, Alexander technique, authentic movement, Feldenkreis technique, idiokinesis and dance technique. This long and varied experience has led to a strong personal sense of the richness of the experiential,
sensory world of bodily life and its integral connections to imagination, action, emotion, aesthetic experience and meaning.

The bias with which I began this research project, then, was a deeply held sense that conscious experience of bodily life is a valuable and intriguing part of human experience that provides important information for the art of living. I value embodied experience as an access to deepened emotional awareness and self-knowledge and also, possibly, to an integrative body-based gestalt which carries an ongoing sense of meaning, directly relevant to present experience. However, I also enjoy and value physicality on its own terms, as perceptual, as sensory experience, as a realm with its own parameters and qualities.

I am very curious about how other people experience their embodied life, and how they utilize body-directed attending. The reading I have done for this research has challenged my assumption that focal awareness of embodied experience is always a good thing. My views were tempered by accounts in the literature of possibly pathological forms of body awareness and by a growing sense of the embeddedness of all human experience in self-body-world interaction.

I entered the data collection phase of the research with some questions and some broad expectations. I didn’t know what to expect in respect to each individual’s experience of intentional body-directed attending. I surmised that some women would recognize this process as an integral and purposeful part of their daily experience, and that some may not. I expected that the frequency with which individual women invoked conscious body attention would differ considerably. I didn’t know if there would be similar experiential processes by which women would invoke body-directed attending, or different approaches.
The value I place on personal embodied meaning led me to suspect that increased internal experience of body may have a relationship with positive body images. However, I was aware that for certain kinds of attending to body (self-objectifying) this was not so. In general, I was keen to understand more about kinds of conscious internal embodied experience, and the relation of conscious embodied experience to body image.

I had completed a previous qualitative and quantitative research project on women’s experiences of control, meaning and identity change in adaptation to birth-giving. This experience meant that I had some grasp of the impact of childbearing on women, and on some of the ways they adapted to the experience. Themes of embodiment emerged often in this previous research, and it gave me some understanding of the kind of upheaval in their embodied life that women encounter in childbearing. The current research was a way of focusing more specifically on embodiment, in this time of personally meaningful change for women.

In the data analysis phase, I sought to hold my own experiences and assumptions consciously and lightly, and to allow the data to speak for themselves, and to inform and change my understanding of embodied consciousness, and of the psychophysical events of pregnancy and birth-giving.

**Data Analysis**

A predominantly phenomenological approach was taken to data analysis. There were two data sets, the narrative/phenomenological data from the interviews, and the body-directed attending data from the experiential reflection. The broad analytic approach was derived from Giorgi (1985), and modified and extended for each data set.
Following Giorgi, textual data were read in the light of the aims of the research, and meaning units were discerned and articulated. These meaning divisions were understood to be constituents of the phenomena under study – embodied experience or body-directed attending. By synthesizing these common elements, a situated structure of the phenomenon under study was developed. The situated structure represents a consistent statement about the phenomenon which draws on communality among instances.

For the interview data, Giorgi’s (1985) process was modified to emphasize the situated narrative of gestation and birth, along with the phenomenal meaning units discerned in the text. A situated structure of shifts in women’s embodied focus was developed by tracking three dimensions of embodied experience (appearance, function & sensation) across three temporal landmarks (customary body, pregnant body & post-birth body). The longitudinal design of the research with data collection points in mid-pregnancy and post-birth made possible a analysis of change across time. The resulting situated structure represents a pattern of change in embodied focus from pregnancy to post-birth.

For the body-directed attending data, the situated structure involved the discernment and articulation of common constituents of the process of body-directed attending. To examine body image satisfaction in pregnancy and post-birth, the body-directed attending findings and the narrative phenomenological findings were integrated and tracked across pregnancy and post-birth.

For the purposes of the present thesis, phenomenological methods of data analysis made possible a detailed and thorough survey of descriptions of embodied experience. Combining this close-up view of the phenomena with narrative analysis
ensured that those rich descriptions were understood in the light of the broad sweep of the events of childbearing.

Giorgi’s (1985) process, which emphasizes a careful discernment of the common elements in the data, was also extended by examination of exceptions to the situated structure, and by further investigations of specific constituents and patterns in the data according to the specific aims of the research. Also, detailed individual profiles were developed of women’s embodied experience across the trajectory of pregnancy and post-birth, and of their body-directed attending. The following sections describe the transcription of the data, and the data analyses of the body-directed attending data, and the phenomenological/narrative data.

**Transcription – Interviews and Experiential Reflections**

Each interview and experiential reflection was audiotaped and subsequently transcribed verbatim. Most of the transcription was done by the researcher. Ten of the twenty-six tapes were transcribed by a professional stenographer. All of the texts were carefully checked by the researcher against the audiotape for accuracy. During the transcription phase, ideas for emergent issues in the data were noted for further consideration in the data analysis phase (Giorgi, 1985). It is acknowledged that in the transition between spoken language and written text important non-verbal aspects of communication such as body language, vocal intonation and vocal rhythm are lost (Reissman, 1993). To retain part of this specificity of communication, pauses of any length were noted in the transcribed text, as was laughter. Example interview and experiential reflection transcripts at each of Time One and Time Two are appended as Appendix D.
Data Analysis of Body-Directed Attending Data

1. Initial data analysis: Content, Process and Purpose

The body-directed attending data were initially documented under three a priori categories – content, process and purpose. Other meaning constituents were discerned from the data during data analysis. Three standardized body-directed attending data forms were developed to help process this data (All Body-directed Attending data forms are appended as Appendix E, along with examples of participant’s data). The first form (Body-Directed Attending Form Pregnancy/Post-birth) was used to document each instance of body-directed attending as a sequence of numbered contents; to record each woman’s description of her process of body-directed attending; and to document each woman’s description of her context and purposes for customary use (or not) of intentional body-directed attending. The researcher developed two summaries from this material. One summary combined the content of the participant’s body-directed attending with her account of her attentional process. The other summary focused on the purposes that body-directed attending served for the woman.

2. Individual and Group Profiles

Each woman’s pregnancy and post-birth acts of body-directed attending were then compared and contrasted, in terms of process, content and reported purposes (Integrative Pregnancy and Post-birth Body Directed Attending form). The next step was to develop an integrative individual body-directed-attending profile for each participant. This profile (Body-Directed Attending Profile form) summarized the woman’s frequency of, and purposes for, body-directed attending in her everyday life. It made a detailed summary of her use of body-directed attending in the experiential reflections, including her basic approach, and the sequence and outcomes of her acts of
body-directed attending. The relationship between each woman’s purposes for body-directed attending, and her experiential style was also examined.

Data about each participant’s use of body-directed attending, including her purposes, frequency of use, and style of attending and associating, was integrated, and compared with that of other participants. Cluster groups exhibiting three broad approaches to, or styles of, body-directed attending were developed (Symptom Perception, Action/Interaction and Agentic).

3. Themes and Meaning Constituents

As the individual and group profiles were being developed, themes that emerged across the body-directed attending transcripts were noted, and instances coded onto cross reference sheets. New meaning constituents emerged throughout the process of coding (Giorgi, 1985). Major body-directed attending themes emerged from this process (e.g., content, context, meaning associations). These themes were further broken down into numbers of meaning constituents, each coded separately (e.g., types of sensation, individualized processes, motivations). This process created a detailed and thematically specific database of aspects of body-directed attending, drawn from all of the body-directed attending data. A list of the themes and related meaning constituents is appended as Appendix F.

4. Situated Structure

A situated structure of the process of intentional internal body-directed attending was devised, drawing on the meaning constituents/elements relating to content and process. It aimed to provide an accurate, articulate description of the experience of body-directed attending, carefully describing each stage of the body-directed attending sequence. The situated structure represents a summary of women’s accounts of the
process of body-directed attending, based on shared aspects in the data. The situated structure provided a basis and reference point for further specific analyses relevant to the aims of the study.

5. Content and Directionality of Body-Directed Attending

The content of the women’s body-directed attending across the sequence was investigated. Types of somatic images (e.g., external, internal, postural, local & global) were identified in the data. An analysis was made of the sequence and directionality of each act of body-directed attending, focusing particularly on the incidence of global and local somatic images. A general pattern in the sequences of body-directed attending (from local to global somatic images) was identified, and exceptions to this examined.

6. Body-Directed Attending in Pregnancy and Post-Birth

Next, acts of body-directed attending in pregnancy were compared and contrasted with post-birth acts, generating data with a temporal, narrative aspect examining change across time. A change of embodied focus was evident for most of the women (from internal focus in pregnancy to functional and interpersonal focus at post-birth). This pattern was investigated and exceptions to it examined.

Examination of these exceptions led to an analysis of the incidence of internal and external somatic images in the data. Drawing also on narrative/phenomenological data about women’s long-term and post-birth body image concerns, the relationship between the use of external and internal somatic images and body image concerns was investigated.
Analysis of Interview Data

1. Initial analysis: Meaning Units and Translations

The analysis of the interview data followed a similarly iterative process. The first step was to read each text a number of times, getting a sense of each as a whole. In this step the two interviews with each participant were read successively, as one text across two temporal points. Second, each text was examined in the light of the central phenomenon under research - how the participant experienced and described herself as an embodied person in pregnancy and post-birth. The search here was for meaning units/constituents which revealed the phenomenon most fully. This process was undertaken carefully but spontaneously. Each identified meaning unit (usually around a paragraph length) was then carefully translated into the words of the researcher, along with selected quotes. As suggested by Giorgi (1985), in this process, the researcher drew on psychological insights deriving from theory and research, but gave precedence to the experience of the participant as articulated in the text. (Examples of the process of translation are appended as Appendix G). These acts of selection and translation were used to create two summarized accounts of lived experience of body-self for each participant - one for pregnancy, and one for post-birth.

2. Themes and Broad Meaning Divisions

During this process, and when it was complete, the researcher reflected on the process of creating the units/constituents, in particular about what was revealed about the researcher’s emerging understanding of meaning divisions in the data (Giorgi, 1986; Polkinghorne, 1989). The first eight transcripts were used to discern some basic categories to organize the meaning units in these summaries. (e.g., main ideas and beliefs about body, customary body, pregnancy body, internal body life, body image). A
number of other meaning constituents of the phenomenon of embodied experience in pregnancy and at post-birth were also identified and instances of all these meaning units in women’s accounts were coded into cross-reference documents. This process created a detailed and thematically specific database of aspects of women’s embodied experience in pregnancy and post-birth, drawn from all of the narrative/phenomenological data. (A list of meaning units/constituents are in Appendix H).

3. Individual Profiles: Embodied Experience in Pregnancy and Post-Birth

Each woman’s pregnancy and post-birth summaries were considered in relation to each other, and an integrative profile of each woman’s embodied experience in pregnancy and post-birth was written, across major meaning constituents including consideration of change across time, and major beliefs and practices. This data were then integrated with the body-directed attending data in a brief summary of the woman’s embodied experience in childbearing. (Forms used to facilitate these summaries, and example data are in Appendix I).


Throughout data analysis, careful consideration was given to overarching meaning constituents, or dimensions of embodiment which the women used to structure their descriptions of body-self. Three dimensions of embodied phenomena, appearance, sensation and function were discerned. These dimensions emerged from the data as part of the phenomenological/narrative analysis, first as emergent categories reflecting divisions of meaning in women’s descriptions of their embodied experience. After considered reflection in the light of previous research, they were named and adopted as appropriate structural constituents to organize the data. These dimensions were
employed because they provide a reasonably rounded account of women’s embodied experience using meaning divisions inherent in women’s own descriptions of their lived experience.

Three narrative landmarks were derived using narrative methods. A “meta-story” of body events and major landmarks across time was discerned. This meta-story contained elements that were held in common across accounts, as distinct from “plot” which delineates what makes each person’s experience distinct and particular (Reissman, 1993). (Thus “meta-story” is a somewhat similar meaning structure for narrative analysis as ‘situated structure” is for phenomenological analysis.) The “meta-story” contained both events of gestation (e.g., confirmation of pregnancy) and specifically body-related events (e.g., feeling the baby move for the first time). As a distillation of the meta-story which suited the aims of the research, three narrative points focused on embodied experience were chosen as the focus of further analysis – customary body, pregnant body and post-birth body.

In order to take a multidimensional approach to women’s body image experiences in pregnancy and post-birth, the three dimensions of body-self (appearance, sensation and function) were tracked across the temporal narrative of customary (pre-pregnancy) body, pregnant body and post-birth body. This analysis brought together the phenomenological (embodied phenomena) and narrative data (temporal events).

Summaries of each woman’s experience of her body as appearance, sensation and function were developed, with a particular focus on body image concerns (appearance dimension). Changes in the women’s relationships with these dimensions across pregnancy and post-birth was noted, compared and synthesized. Comparisons
across accounts yielded findings about systemic shifts in women’s embodied experience across the trajectory of pregnancy and post-birth.

This process produced a situated structure of shifts in multidimensional embodied experience across the temporal narrative of pre-pregnant, pregnant to post-birth body. The situated structure provided an account of shared aspects or central patterns in the data; a summary of changes in embodied focus across the events of pregnancy and post-birth. The situated structure provided a basis and reference point for an investigation of women’s body image satisfaction in pregnancy and post-birth.

5. Analysis of Body Image Satisfaction

Detailed profiles of each woman’s body image experiences were developed, comparing her customary, pregnancy and post-birth levels of body image satisfaction, examining her meaning constructions about body image, and considering her relationship with the dimensions of appearance, function and sensation (Examples are in Appendix 10). These profiles were compared and synthesized, and integrated with the body-directed attending findings about body image, to produce findings about factors associated with body image adaptation at post-birth.

Discussion of the Validity of the Data

It could be argued that the participants’ body-directed attending and their reflection on it in the experiential reflection was simply an artifact of the interview situation and does not relate to their experiences of embodiment in other contexts. In one sense of course this is true. It is a widely accepted tenet of qualitative research that the participant and the researcher co-create the text of the interview through their interaction (Reissman, 1993). In that sense, the data arising from every interview is
particular to the interaction which generated it, perhaps particularly so when the researcher engenders a particular experience for the participant. However, the phenomenological assumption is that the experiential reflection creates an instance of the phenomenon which is context specific, but which also bears relationship to the participant’s experience of that phenomenon in other contexts (Polkinghorne, 1989).

The responses of participants in both the pilot and the research interviews support that assumption in this case. Participants engaged in body-directed attending readily, with little need for clarification, and almost without exception, they identified other contexts in which they would engage in that, or a similar process. This response suggested that the experience of paying conscious attention to their own bodies was something participants already knew about and were able to do without having to learn something new.

Another objection might be made to the validity of the data on the basis that it is not possible to articulate embodied experience through the medium of language. Gendlin, (1999) points out that articulating an embodied sensation in language forms another distinct step from consciousness of the implicit sensation itself. Thus, the process of articulating embodied experience in language always involves the construction of that experience. This factor in researching embodied experience was acknowledged in the design of the research.

The design dealt with this issue of validity in two ways. First, in the experiential reflection, efforts were made to access verbal descriptions as closely associated as possible with present-based sensory, embodied experiences. Second, the ways in which the women constructed their embodied experience was itself an object of study. In line with phenomenological and narrative understandings, the data were understood not as a
veridical and comprehensive record of embodied experience, but as an investigation of individual’s meaning constructions about embodied experience in a particular context.

In phenomenological and narrative research, the researcher’s subjectivity is involved at each level, from research design to data collection, transcription, and most particularly in the interpretation of the data (Giorgi, 1985; Reissman, 1993). This sensitized involvement, particularly where a solid theoretical basis is balanced with an openness to discovering new elements in the data (Silverman, 2001) provides much of the value of qualitative analysis. Herzig (2001, p.66) suggests that given this, the validity of interpretations can only be judged by their “persuasiveness, coherence, plausibility, vividness and pragmatic use.”

Although the present thesis certainly sought to generate findings which are plausible and useful, care has also been taken for the validity of the findings in other ways. One of those ways was the use of specific, articulated and well-documented analytic procedures. Attention has been given in the present thesis to detailed accounting of data analysis procedures. Phenomenological research protocols tend to generate consistent themes and commonalities in the data where researchers are guided by well articulated procedures (Churchill, Lowery, McNally & Rao, 1998). The present findings are generated through the systematic use of documented analytic strategies.

Another means of maximizing the validity of the data was by efforts to avoid anecdotalism, in which researchers use selected snippets of data to illustrate and support an argument (Silverman, 2001). In order to avoid this kind of partial and selective use of the data in the current study, findings were based on investigation of the data as a whole. Where interpretative generalizations were made across the data set,
disconfirming examples were sought and their implications considered. Sometimes this led to further, more detailed analysis of the data.

Various strategies were used to ensure that the analyses included the whole data set. Tabulations of data or comprehensive visual data charts were often used to provide information about an aspect of the data (Silverman, 2001). Cluster groups (e.g., body-directed attending style and level of customary body image) were developed to facilitate comparison of aspects of embodied experience across the data set. Although illustrative, selective quotes from an inevitable part of reporting qualitative data, care has been taken in data analysis in the present study to account for the whole data set, and to acknowledge and examine alternative patterns and exceptions to central patterns.

Chapters 5 and 6 report and discuss the findings of the research. Chapter 5 reports findings about the process, content and purpose of body-directed attending. The chapter also outlines findings about body image and body-directed attending, and body-directed attending in pregnancy and post-birth. Chapter 6 reports findings about systematic shifts in embodied focus and factors associated with body image satisfaction in pregnancy and post-birth.
CHAPTER 5

RESULTS AND DISCUSSION: BODY-DIRECTED ATTENDING

Introduction

In their acts of body-directed attending in pregnancy and post-birth, the women were asked to describe what they noticed (content), how they went about paying attention (process), and if and when they would use such a process in their everyday life (context and purpose). This chapter summarizes and discusses these data, reporting findings on the content, the process, the purposes, and the functions, of women’s body-directed attending. Individual differences in the use of body-directed attending are reported, and an account is given of body-directed attending in pregnancy and post-birth. Some implications for wellbeing and links to body image issues are proposed, and findings are discussed in relation to past findings and theories. Most of the findings in this chapter focus on body-directed attending in general, with findings about body-directed attending in pregnancy and post-birth reported toward the end of the chapter.

The first part of this chapter outlines a situated structure of the process of body-directed attending. The basic content of women’s acts of body-directed attending is described, and the phenomenology of the process of body-directed attending is outlined in two stages – attending and associating. A number of outcomes of the process of body-directed attending are outlined. A directionality in most of the sequences of body-directed attending is described, and some links to wellbeing proposed. Evidence is presented for an interpretation of body-directed attending as an active and generative process; a mechanism for the bottom-up construction of meaning, with impact on body-self state and wellbeing.
The second part of the chapter reports the women’s purposes for body-directed attending. Individual differences in the use of intentional body-directed attending are examined, and cluster groups formed around three broad approaches. Evidence is presented that individuals’ purposes for attending to body influence the process, content and outcomes of body-directed attending. Findings about body-directed attending are discussed in the light of previous research and theory, and possible functions considered. The final part of the chapter reports findings about body-directed attending in relation to body image, and describes a pattern of change in body-directed attending from pregnancy to post-birth.

**Body-Directed Attending: Content**

This section introduces and describes the basic content of body-directed attending – sequences of somatic images.

*Somatic Images*

When each woman paid attention to her body and reported what she noted, she produced a sequence of somatic contents and associations. The local and global somatic sensations which provided the basic content of participants’ body-directed attending have been described using Damasio’s (1994) term “somatic image”. Damasio defined “somatic images” as perceptual images of the body-self, as opposed to other kinds of perceptual images which are images of the external world. In this thesis, somatic images emerged in the answers to the question of what participants noticed in or about body-self.

The somatic images in the data include sensations (e.g., tingling), symptoms (e.g., a sore throat), global self-evaluations (e.g., feeling relaxed), emotions (e.g., feeling
anxious), visual images of body-self (e.g., how my belly looks) and sense of current
body posture. Damasio’s term “somatic image” is inclusive of various kinds of somatic
content. Damasio (1994) suggests that somatic images, like images in other sensory
modalities, convey or hold aspects of physical characteristics (e.g., location in body,
quality of sensation), sometimes positive and negative affective reactions, a past and a
tendency in the future and a web of possible meaning associations. In support of this
view, the women’s acts of body-directed attending were sequences involving
associative cognitive activity with these features.

In this chapter, the term somatic “percept” is used interchangeably with
Damasio’s term “somatic image” in order to emphasize the body-based, sensed nature
of most of the perceptions the women reported about their bodies. The word “image”
seems irrevocably linked with “seeing” and visual modes of perception. Although the
women did visualize their bodies, and created visual somatic images, this was not the
nature of most of the data. Most of the somatic percepts that appeared in the data were
forms of body sensation and experienced as such, by feel, by “sensing”.

The first step of conscious body-directed attending in the vast majority of
instances (19 of the 22 acts of body-directed attending in which the participant
described her process) was an attentional shift in which participants redirected their
focal attention into the inside of their body and described somatic percepts from an
internal, sensing perspective. However, there were exceptions. Some women attended to
the surface of their bodies seen as though from outside (n=5) and/or to postural cues
(n=3). Sometimes women used a combination of these forms of attention. Three kinds
of somatic images were identified in the data – internal, external and postural. All of the
women utilized both local somatic percepts (located in a body part) and global somatic percepts (a whole body image).

**Internal Somatic Images: Body-self experienced and described as though from inside**

In internal somatic imaging, the women experienced and described their bodies from an internal, predominantly sensing perspective. For example, like most of the women, Harriet, in pregnancy reported an internal, local somatic image of a symptom. She said, “I’m aware of my lower back today feeling quite tight.” Caroline, in her pregnancy body-directed attending described a global, internal somatic image:

“a pulsing through my body. A sense of, yes, blood travelling through my body”

**External Somatic Images: Body-self experienced and described as though from outside**

In external somatic imaging, the women experienced and described their bodies as though from an external, predominantly visual perspective. In her pregnancy body-directed attending Karen described her attending as “a beam from outside” down her body, front and back. She viewed her body as though outside herself. At her post-birth body-directed attending, Nicole described doing a “visualization in my mind of my body and where it’s at right now… as if I’m looking in the mirror”. She produced a detailed list of visually apparent changes and “imperfections”.

**Postural Somatic Images:**

**Body-self experienced and described in terms of body position**

Harriet described her body-directed attending process in pregnancy this way:

“Right, I’m probably conscious that I always have my hands on my belly. That’s a very normal thing, also just seeing how I’m positioning myself in relation to
you. So that my feeling of thinking that I’m relaxed and comfortable is just that my shoulders are back; my legs are just wide open, you know …"

Harriet paid attention not to internal sensations and signals, nor to a visualized image of her body’s surface, but to her posture and related muscular tension levels in the current interpersonal context. She assumed that her “positioning” or body language, would meaningfully express her self-state in this interpersonal situation and she interprets it as “comfortable”. Postural attending seems to involve a combination of visual, kinesthetic and interpersonal information.

The women’s acts of body-directed attending were not arbitrary lists of somatic percepts, but sequences with purpose, directionality and outcomes. The next section examines the phenomenology of intentional body-directed attending. Although the women’s body-directed attending sequences contained internal, external and postural somatic percepts, internal somatic images formed the bulk of the data. The following analysis of intentional body-directed attending is primarily based on the process of internal attending. A detailed account is given of the women’s lived experience of intentional internal body-directed attending.

**Body-Directed Attending: Process**

This section reports findings about the process by which the women interviewed paid attention to their bodies. In order to examine the phenomenology of intentional acts of body-directed attending, the women’s accounts of their processes of body-directed attending were analyzed for common elements. This analysis resulted in a situated structure of the phenomenology of internal body-directed attending. The situated structure is first illustrated in a flow chart. The two major stages, attending and
associating, are then outlined, and each step described in some detail. Outcomes of, and
directionality in, the process of body-directed attending are described and the findings
summarized in relation to previous research.

**Situated Structure of Body-Directed Attending**

In respect of the basic process of body-directed attending, there was a
remarkable degree of convergence across accounts of experience. The predominant
pattern is illustrated below in Figure 5.1. The process of body-directed attending is
conceived of as having two stages – attending and associating, with outcomes at each
stage.

![Figure 5.1 Situated Structure of Intentional Internal Body-Directed Attending](image)

**Figure 5.1 Situated Structure of Intentional Internal Body-Directed Attending**
As shown in Figure 5.1, the women described their experience of conscious body-directed attending as a temporal sequence - an attentional shift to somatic self, scanning body-self and noting what arises. The initial act of body-directed attending was very often followed by cognitive associations serving to elaborate, contextualize and/or interpret the somatic content. Body-directed attending resulted variously in bottom-up/body-based verbal propositions including global evaluations of self-state, elaborated somatic images, changed self-states and potential actions.

This fundamental process did not vary much across participants with different relationships with their bodies. For example, women with highly specialized body training and a high degree of commitment to attending to their internal bodily life (Shona, Christine & Lauren), those with a strong orientation towards paying attention to their body for health and wellbeing (Amy, Vivian & Melissa) and women with little interest in their internal bodily life (Catherine, Debbie, Rebecca & Karen), all described variants on this basic sequence. The two stages, attending and associating, are detailed below.

**Situated Structure of Body-Directed Attending: Sequence 1 Attending**

**Step 1 - Attentional Shift to Somatic Self**

The first step in body-directed attending was an attentional shift in which women consciously directed their attention to their bodies. In most instances, the women directed their attention into the inside of their bodies. Participants described a number of strategies to achieve this shift: closing eyes \( (n=6) \), experiencing self/eyes/attention as inside the skin \( (n=7) \), removing focus from interaction and/or environment \( (n=5) \), quietening down \( (n=2) \).

*Amy*: “I just closed my eyes and just sort of checked inside mentally”. 

Lauren: “I guess just look…and kind of turn your eyes inwardly and look at your body from the inside”

Caroline: “Being quiet and going inside out through my imagination to sense inside…I guess its not really imagining the sense because it is the sense of being internal, being inside the skin.” (Caroline’s emphasis).

Caroline makes a point that her body-directed attending is not primarily an act of visualization but a proprioceptive sensing, experienced as from the inside of the body. All the participants described aspects of their body experience from an internal point of view based in sensation. This “going in” takes time. The women paused for intervals from 1 to 25 seconds. They did not describe a static awareness, but rather a number of active, agentic, often spatially-specific approaches to sensing the body from the inside.

**Step 2: Scanning**

All of the women were able to describe the process they used to attend to their bodies. Two forms of scanning appear in the data. In one form, participants described systematically scanning their bodies from head to toe, or from toe to head. In this systematic scanning, the direction of the flow of attention was always in the vertical plane. In 9 of 22 descriptions of body-directed attending, women described attending to their bodies in this systematic fashion.

Lauren: “I think I did just a quick check through my body from head to feet, just a basic thing like that.”

Catherine: “I sort of thought through… I went through from top to bottom how the body felt...on the inside.”

Debbie: “Sort of started at the top and just sort of relaxed...But I did it from the top down. OK what do I feel through my body?”
Unlike these women, Nicole experienced and described her body as though from an external, visual perspective (at post-birth), but she also used systematic scanning. She said

“my visual picture is just sort of going down and seeing what’s still on my body. I mean I still have the dark line on my tummy and I still... have the flabby pot here ... all the skin around my belly button ..went quite dark. So...so with all these imperfections, I mean that’s kind of what I’m visualizing..”

In the second form of scanning, participants described taking their attention inwardly, and allowing their attention to be drawn to the part of the body which currently carries the most sensation. This process seems to involve a quick global attending to the whole body in which the strongest sensations claim conscious attention for a particular body location.

Lauren: “Just instinct, went to the places that spoke to me first...”

Shona: “I guess I let myself easily direct to the part of my body that was giving the most sensation and started from there...”

Melissa: “I just went with whatever sort of presented and what I could tune into.”

These two modes of scanning – systematic and global/local are not mutually exclusive. Shona remarked about her experience of body-directed attending, “I think I use both those systems: going through the body one at a time systematically, and then kind of just jumping around the body.” Lauren described beginning with attending to the most compelling sensations and then scanning systematically for “other things that aren’t so obvious”. In general, those women who reported more frequent acts of conscious bodily attending tended to use both forms, but the global/local form most
often. Women who reported that they rarely consciously turned their attention to their bodies tended to use the systematic scanning process. The global/local form may well be more efficient (using less cognitive resources) and closer to the body awareness that results when body-directed attending is triggered by strong sensation.

**Scanning as Intentional Internal Movement/Agency and Spatiality**

Both systematic and global/local scanning were described by participants as intentional movements/actions within the body boundaries with specific spatial locations and directions. Systematic scanning was described as a sweep of consciously-directed attention through the body from head to toe or toe to head. Global/local scanning resulted in a series of jumps from local point to local point within the body, and in shifts between local body attending to global (or whole body) attending.

Although as Amy mentions in the quote below, this is a mental scanning, participants very often described themselves as moving into and through their bodies as though they were actually performing an intentional action in time and through space. The women described themselves as active agents in control of the attentional movement within their bodies.

*Amy:* “To break it down I went to the most obvious thing first which was my throat and then I mentally scanned through my musculo-skeletal system to see if there were any other discomforts. I went to where there were pins and needles in my leg and then I was trying to feel what was happening with my baby and there were no kicks or anything so I thought OK I’ll leave that”.

*Catherine:* “I went through from top to bottom how my body felt”.

*Karen:* “I jumped around a bit. I went for areas that normally hurt and went ‘oh that’s not sore…and then kind of scanned’.”
Christine described a practice she has developed using this capacity to move into and through her body as a basis for a strategy to deal with recurrent pain from a hip injury.

“I’ll go right inside the skeletal structure and feel around where any discomfort is. And I like to trace the whole spine and then I find points of tension as I go that I wasn’t aware of, and I’m able to, just through locating them and feeling that they are there I can kind of send them energy through more. And I find that doing this around the hips and the pelvis and spine I can often relieve myself of pain and send myself into quite a deep sleep after that.”

Step 3: Noting What Arises

Scanning was followed by noting somatic contents/images. These somatic images were experienced by participants as arising somewhat independently from the observing self. In Lauren’s account below, she described her embodied feelings themselves as being active, as having a degree of agency.

“Just instinct, went to the places that spoke to me first. So the first thing I feel is that my head’s a bit cloudy and fuzzy…and I’m a bit kind of, a bit headachy and so that pulls me in straight away and then I just went through head to toe, and had a look to see what was there for other things that aren’t so obvious. Yeah.”

Lauren’s sensations “spoke to” her. She was “pulled in” by attending to a particular percept. As Lauren describes her experience, somatic percepts arise and have their own qualities independent of the self who is doing the body-directed attending. A similar distinction is evident in Amy’s account of her act of body-directed attending.

“Well I just closed my eyes and I just sort of checked inside mentally. I went straight to where I knew I had a bit of discomfort which was in my throat, and
then I looked around for other areas. I suppose I just inwardly sort of scanned through my body and anything that came up I talked about.”

Amy described her process as a series of actions taken by her with a spatial dimension (“go inside”, “went straight to”, “looked around”) and clear intentions (to discern discomforts and check for baby’s movement). She also described the process as noting somatic contents which arise “anything that came up”. Noting what comes up seems to require a little bit of waiting, or allowing the somatic percept to arise.

Christine: ‘…just quietening down for a second to allow… the sensation to transfer into thought and then for me to vocalize it.”

Vivian: “ I had a little listen and a little feel and just let come through whatever is there”

Given this momentary space and attention, the somatic percept makes itself apparent. It arises.

Shona: “I guess I let myself easily direct to the part of my body that was giving the most sensation…”

Melissa: “I just went with whatever sort of presented…”

These participants describe their somatic percepts themselves as having a degree of agency. In their accounts, given a certain kind of attending, somatic content makes itself apparent to the conscious self. In these instances, ego is experienced as in control of the action of attending, but ego is not in control of the somatic percept itself. However, the somatic percept is nonetheless accepted as part of self. It falls within the parameter of individual body (which is a crucial basis for individual self).

The process of consciously invoked internal body-directed attending seems to be an interaction between the act of body-directed attending (which has intentionality,
spatiality, directionality, and different levels of content) and the somatic percept/image, which is experienced as arising independent of ego and as having its own specific qualities. This sense of somatic percepts arising is found across the body-directed attending data, in all participants’ accounts, both in acts of consciously invoked body-directed attending and in narratives where body-directed attending is triggered by strong sensation. The second stage of body-directed attending, associating, is illustrated below in Figure 5.2, with more detail about outcomes.

**Figure 5.2 Situated Structure of Intentional Internal Body-Directed Attending – Sequence 2: Associating**

**Situated Structure of Body-Directed Attending: Sequence 2 Associating**

**Associations**

As shown in Figure 5.2, the women made meaning associations with their somatic images. The research methodology required participants to verbalize what they noticed when attending to their body. To the surprise of the researcher, participants did not stop at simply describing the somatic content of their act of body-directed attending,
but almost invariably went on to perform one or more cognitive operations in relation to the somatic content. Very often participants made global evaluations of self-state based on somatic percepts. Often they compared somatic percepts with remembered somatic percepts from other times – particularly with “normal”/customary body. They associated/matched somatic percepts with aspects of self and/or personal world using emotional attributions and causal attributions.

When subsequently asked to describe their act of body-directed attending, the women did not include this associated cognitive activity. It seemed to emerge unselfconsciously as a counterpart to the description of the contents of body-directed attending. If the initial process of body-directed attending was to shift attention towards the body, usually “going in”, these associated cognitive processes might be characterized as “going out”, connecting somatic content to other aspects of self and to the personal world/environment. This is consistent with a view of body-self as always situated; always constituted in relationship with the flow of events in the world.

An “association” is the generic name given here to the process apparent in the data where the women took a presently experienced body-self state or somatic percept and identified it as in harmony with, as about, as influenced by, or as directed towards, an aspect of self or of personal external world. In the course of body-directed attending, participants associated both local and global somatic images with internal and external events and compared somatic images with somatic images from other times. This process seems to be a kind of bottom-up construction of meaning which combines somatic and cognitive information. In the data, the women made sense with, and of, their somatic contents through associations and comparisons.
Causal Attributions

One way that participants made sense of their somatic percepts was by attributing causes to them. For example, at post-birth, several women remarked on new sensations of tightness in their upper bodies which they attributed to the new work of carrying and holding their babies. When women assigned a benign environmental cause to a somatic percept of discomfort or pain, they then moved on to the next somatic image. They reported an increased drive to notice and understand body sensations/symptoms in the context of the many new and strange sensations and health concerns they experienced in pregnancy and post-birth.

In making causal attributions, participants ascribed meaning to their somatic percepts and connected them to events inner and outer. For example, Vivian, who has a strong health orientation to her body-self, attributed causes to each of a series of somatic percepts. She felt globally “well” because she had enough sleep. She felt globally “relaxed” because she’s been working less. She felt breathless as a response to talking in the interview. The first two causes are in line with her beliefs and values about her body, and reinforce the sense of responsibility and control she feels over her health and wellbeing. The third cause is an interpersonal/emotional one.

As in this example, the causal attributions made across the data tended to be physical cause and effect (e.g., “My legs are tight because I’ve been walking”) or interpersonal/emotional (e.g., “I feel in a better space because my partner gave me a massage”). In their causal attributions, the women connected their somatic images to inner and outer events.
**Emotional Attributions**

The women also made emotional attributions, in which they identified somatic percepts as emotions, and connected the emotions to inner or outer events. For example, Christine described three local somatic percepts in her chest and throat as emotions in her pregnancy body-directed attending.

“...I think probably there’s a slight feeling of...not nerves...
there’s a like a slight...there’s an energy here around the heart chakra that I think’s to do with the fact of me talking and that...I want to be clear for you and I’m not sure how clear I’m being. (laughs)...And that’s just me worrying.”

Christine was clear that this somatic percept that she named as “not nerves...energy” was about something. She tried to discern what the somatic percept was “to do with”. She said it was about the desire to be clear and the fear of not being so. She also noted:

“a little bit of tension in the throat... but that’s...that’s kind of just...just...hang on a minute...that’s not necessarily in relation to us...sometimes I think – talking...”

Christine made quite a subtle distinction here, discerning that this second somatic image is different to the first, in that it relates to a generalized reaction to talking, rather than to this present interaction in particular.

Christine also noted a

“slight pull forward...a bow...So sort of a little bit closed. I guess that’s a winter thing too, when its cold. You know, you just have a slight, it’s a bit more...yeah... knitted together there. Um...but its really a feeling. It’s a feeling.”
Christine experienced this “bow” as a postural deviation, a response to the weather, and as an emotional gestalt. These were not mutually exclusive categories for her. Something that helped Christine finally identify the “bow” as “a feeling” was that she experienced it as arising internally and as not having a simple environmental cause.

The women often took care in naming the local somatic percepts which they identified as emotional gestalts by matching raw somatic percept and descriptor very carefully, as did Christine, “not nerves – energy”, “a little bit closed…a bit more…yeah…knitted together there.” There was a drive to preciseness in articulation about somatic images identified as emotion, as well as a sense that they were inherently about something.

**Comparisons**

In body-directed attending, a presently experienced somatic percept was often evaluated in the light of a remembered body-self state or somatic percept. This process of association is here called a “somatic comparison”. Somatic comparisons both linked and contrasted body-self states across time, creating a rudimentary body-self narrative. (e.g., my body-self state now versus my pre-pregnancy body-self state). The use of somatic comparisons lends support to the view that individuals store somatic percepts which they are able to retrieve and compare to present somatic percepts. This kind of stored somatic image is what Damasio (1994) refers to as a somatic marker.

When the women in this study engaged in body-directed attending they did so firmly in the context of their pregnant and then post-birth experience. They were invited into body-directed attending in the context of an interview about their experience of their embodied life in pregnancy and post-birth. Although the invitation was intentionally worded openly, in general, the participants responded as though to a
central implied question/theme. Broadly speaking, the women asked themselves – what
do I notice in my body now, and more specifically, what can I attend to that is related to
my experience of being pregnant/post-birth?

They scanned both for present somatic images and for changes due to
pregnancy. In order to access changes due to pregnancy, they often explicitly compared
present (pregnant) body with customary (pre-pregnant) body. At post-birth, they
compared present (post-birth) body with customary (pre-pregnant) body, and less often,
with late pregnant body. Almost without exception, comparisons related to the women’s
experience of pregnancy and post-birth were based across these temporal or narrative
points.

Interestingly, the temporal points chosen have implications for the meaning and
import of the somatic percept. For example, women who compared their post-birth
weight with their pre-pregnant weight often concluded that they were heavier than they
wanted to be, whereas those who compared their post-birth weight with their late
pregnancy weight felt light and positive about their weight. In terms of body image
concerns, it may be that the particular somatic comparisons a woman employs has an
impact on her body satisfaction and self-esteem.

The dimensions on which each participant made her comparisons reveal aspects
of her embodied experience that were salient to her at the time. The dimensions
referenced were mainly internal, but also external. Women compared present internal
body states with remembered internal body states, and they compared present external
body appearances with remembered external body appearances.

The broadest kind of somatic comparison was between a present global sense of
whole body and a remembered global sense of whole body. For example, a majority of
the women noted a change in global sensation in pregnancy – an increased vibration, energy or warmth in their whole bodies. A global somatic comparison that women used often at post-birth was between customary or pre-pregnant body and present post-birth body. For example, Caroline at post-birth, took her attention internally and made just one basic comparison “…my body feels back to how it felt prior to being pregnant, I'd say.”

Most of the comparisons women made were global, but they also compared local somatic percepts, particularly symptoms, with other times, forming a kind of history of the symptom. The content of internal somatic comparisons included sensations of weight and lightness, evaluations of wellbeing, normal versus not normal, sore versus not, feeling “like me” or not so, and sense of pace –faster or slower. In a couple of instances the women compared their visualized appearance with a remembered visualized appearance. For example, at post-birth Nicole said she “had a comparative picture” of herself at the end of pregnancy – “so fat and swollen, in contrast to this one, today which is actually really slim and nice”.

Somatic comparisons appear to help women keep track of body changes and symptoms, monitor their self-states, and check their progress towards desired body-self states. It seems that women make comparisons about aspects of their embodied life that matter to them, and that they experience as changing.

**Situated Structure of Body-Directed Attending: Outcomes**

As is illustrated in Figures 5.1 and 5.2, acts of body-directed attention can be said to have directionality and outcomes in that they broadly follow a sequence of steps and arrive at an end point. The end points or outcomes of women’s acts of body-
directed attending in the data included global evaluations of self-state, bottom-up/body-based propositions, elaborated somatic images, potential actions and changed self-states.

1. Global Evaluations of Self-State

In all 26 instances of attending, participants described both localized somatic percepts (e.g., pressure in throat, toes tingling) and global/whole body somatic percepts (e.g., comfortable, calm, well). For instance, in pregnancy, Amy alternated between specific local somatic images and global somatic images. The following extracts intersperse her description of how she went about body-directed attending (process) with her description of what she noticed (content).

Process: “To break it down I went to the most obvious thing first which was my throat”

*Content: “I have got a little bit of a sore throat …*

Process: “and then I mentally scanned through my musculo-skeletal system to see if there were any other discomforts”

*Content: My body feels generally quite relaxed…*

Process: “I went to where there were pins and needles in my leg and then I was trying to feel what was happening with my baby and there were no kicks or anything so I thought OK I’ll leave that.”

*Content: I have got pins and needles in one of my legs…*

Process: Then I had a feeling of how my whole body was feeling and it felt relaxed.

*Content: “I feel comfortable…I feel very comfortable in my body’.*

In this instance of body-directed attending, when Amy made global evaluations of self state, she based them on whole body/global somatic images. A scan of her whole
musculo-skeletal system led to an assessment of body tension ("relaxed"). She described a global scan “I had a feeling of how my whole body was feeling” that led to a global evaluation of self-state, “comfortable”.

All participants made global evaluations about their self-state. Four of the women (like Amy) made global evaluations based on relaxation and comfort. Five made global evaluations that were more general - “well”, “pretty good”, “in a better space”, “normal”. All these concepts have psychophysical associations. Feeling “comfortable” for example, can be understood as a physical and/or psychological descriptor. Several women also made global evaluations with more explicit emotional overtones – “calm and restful”, “content”.

Interestingly, most global evaluations of self-state were of positive self-states, even when local percepts were of pain or discomfort. This suggests that global somatic images and self-evaluations may have a role to play in integrating local somatic percepts into overall sense of self, and perhaps in building a sense of wellbeing. (This interpretation is discussed below in a section dealing with directionality in body-directed attending p.109).

Participants were clearly adept at changing from a local to a global somatic focus (without conscious awareness of doing so). There seems to be a difference in the ownership of, and meaning ascribed to, local and global percepts. Local percepts stay in the province of being sensations which arise, and which she “has” in a specific body location, and owns as part of her experience. Global somatic percepts however were often expressed as “I feel”. The woman’s whole body-self was involved in these somatic percepts. It was her whole body-self which was “relaxed” or “calm” or “exhausted”.
Often there were also associations with the external world and with other aspects of self. For example, at post-birth, Amy again alternated between local and global somatic percepts, arriving again at a global evaluation of wellbeing:

“…calm…feel warm…feel pretty good actually”

But she goes on to make more associations than in her pregnancy body-directed attending. She goes on to rename her self-state, to get the word exactly right:

“…….peaceful. I feel peaceful………..”

In describing her process, Amy noted that she “moved from the physical to how I was feeling emotionally”. For Amy at this point, there was no marked divide between “feeling” physically and “feeling” emotionally. But she also noted two other associations that contributed to the rightness of the global evaluation “peaceful”.

“It was inner and outer. Its quiet in here and … it just felt that that matched my mood inside as well, just the … peacefulness that if, I supposed I really analyzed it, it might be a peacefulness that… I feel about being a Mum as well.”

Amy’s “peacefulness” was not only a description of an internal global somatic self-state but also came from associating that self-state with her environment, and with her sense of her new identity as a mother. She matched her somatic percept with her external world and with a salient aspect of her current self-identity. This kind of matching and comparison is found across the body-directed attending data.

2. Bottom-up/body-based propositions

A body-based proposition might be as simple as a global evaluation of self-state (“feeling relaxed”) or as complex as Shona’s proposition in pregnancy that her baby was simultaneously an extension of her and separate from her. Shona made the point that if she had asked herself the question “Is my baby an extension of me?” separate
from body-directed attending, she would have answered it differently. What makes body-based propositions particular is that they begin with awareness of somatic images and integrate somatic information into the construction of verbal propositions. To a degree, they construct the world bottom-up, from a body point of view.

3. Elaborated Somatic Images

As discussed, in the process of body-directed attending, somatic percepts were noted and then sometimes compared to remembered somatic percepts and/or associated with aspects of self and world. Sometimes the end point of this process was an elaborated somatic image – a somatic image with a past and/or a future, and/or with sensory qualities important to the woman and/or with meaning associations that mattered to her. For example, Christine at post-birth noted

“I feel a little bit sort of scrunched in my face and that’s to do with the thought of all the things I have to do, and that bears me down a little bit”.

She talked about having an “open face” and the associations of youth and openness to life that has for her. The sensory percepts “scrunched” and “open” face are part of an ongoing relationship with life for her. Lauren, also post-birth, noted that she felt

“loose in general…strangely lubricated…more fluid in my body”.

This looseness and fluidity had a number of meaning associations for her, both positive and negative, and the new sensation mattered to her in its own right as part of her personal process. In these elaborated somatic images, the change in embodied sensation mattered to the women, was specific, and was understood to have its own validity and meaning.
4. Potential Actions

At times, the outcome of body-directed attending was a drive towards future actions. For example, at post-birth, Neva described feeling “a bit exhausted” which made her feel “a bit tight... And I think oohhh it’d be nice to have a 15 minute massage right now (laughs)”. This connection led Neva to reflect on her relative lack of freedom and “me time” now, and then on the new sense she has of being “needed 24/7”. Her somatic image of exhaustion associated with tightness led Neva to sense a desired action within the constraints of her new life.

During her pregnancy body-directed attending, Catherine observed:

“I’m hot. I’m really, really hot and I’d like to take my jumper off but I feel like I don’t want to, I don’t know why. Actually I will take it off”.

In this case, Catherine attended to a simple somatic percept – being hot, and an obvious action suggested itself to her. However, she noticed that she also sensed an opposite desire, and she had to choose between the two. Her somatic percept was associated with two conflicting future actions.

In a more general vein, Shona remarked that the physical positions and movements she was “attracted to”, “can easily get into” and “wants to hang out in” were “definitely different” now that she was pregnant. She says “it is clear that something is directing me physically”. In this instance it seems that the potential actions Shona sensed as being available and attractive to her were changed by her pregnant state.

5. Changed Self-States

Many of the participants reported that a major reason that they engage in body-directed attending in their everyday lives is to alter their self-state for the better.
Broadly, they seek to relieve pain and stress and/or to induce peace and wellbeing through attending to their bodies. (This is explored in some detail below in the section dealing with women’s purposes for body-directed attending. p.118) Despite the fact that the body-directed attending women did in the research was not self-motivated but invited by the researcher, this tendency, to use body-directed attending to change self-state, was evident. Christine balanced her spine more effectively. Amy became peaceful. Shona said that she became more aware of her whole self, and more relaxed. The data suggest that body-directed attending is not a neutral act. It has directionality and often changes self state.

Directionality in Body-Directed Attending

In the process of developing the situated structure of body-directed attending outlined above, it became apparent that women’s acts of body-directed attending were composed of sequences of somatic images which often culminated in global somatic images integrated with sense of self. To examine this pattern, the transcripts of all instances of body-directed attending were explored for the relation between local and global somatic percepts. In 23 of 26 instances, a directionality in the act of body-directed attending was demonstrated in which focal awareness of local sensory percepts gave way to a more diffuse global sense of whole body-self state in relation to the world. There was a strong tendency for the women’s body-directed attending sequences to move from discrete somatic images located in specific body parts and experienced as somewhat independent from the attending self, to global somatic images experienced as integrated with self.

In the women’s global evaluations of self-state it was “I” who was in the psychophysical state of being “calm” or “pretty well” or “grounded” or “exhausted”.

The underlying somatic image was of whole body-self. The data suggest that in order to make global evaluations of self-state, women hold their whole current body-self state in awareness, to some degree in relation to present situation, and invoke psychophysical descriptors that describe the current self-state.

Very often, local somatic percepts were negative or neutral in relation to wellbeing. They were usually of pain or symptom or emotion. Most global evaluations of self-state were of positive self-states. Often the women described an overall psychophysical state of wellbeing, based on relaxation, comfort and/or emotional wellbeing, despite painful or uncomfortable local sensations. This directionality is evident in its simplest form in Debbie’s post-birth body-directed attending:

_I feel my back is sore, back and shoulders and everything. I can feel them. And that’s just from as you know standing and walking… constant holding and rocking (laughs)…But um… It actually feels pretty good… It feels normal._

Debbie began with a local somatic percept, her “sore back”. She associated that with her new mothering actions. She then took time to form a whole body, global somatic image and described her overall body-self state as “pretty good, normal”. Despite her painful shoulders, Debbie’s body-directed attending led to an experience of wellbeing and an affirmation of the continuity of her current body-self state with her past or customary body-self.

This kind of directionality characterized most of the instances of body-directed attending in the study. There was a process of discerning local somatic percepts, sometimes making sense of them through associations (as Debbie did) and then expanding the scope of body-directed attending to include whole body-self, and, to a degree, situation. In this expansion of body-directed attending the woman discerned (or
constructed) her current global body-self state in relation to situation (usually wellbeing) and/or affirmed the continuity of her body-self.

The three instances in the data in which the women’s sequences of body-directed attending did not exhibit this directionality were all post-birth, and each was associated with distress. Catherine’s, Karen’s and Kim’s post-birth body-directed attending sequences culminated in local somatic images of weight gain (Catherine & Karen), abdominal scars (Kim & Karen) and perineal disfigurement (Catherine).

Unlike the other women, Karen, Catherine and Kim’s post-birth body-directed attending did not expand in scope to include whole body-self in situation. They did not move to internal global somatic images experienced as integrated with self, but remained focused on local somatic images experienced as somewhat independent from the attending self and associated with painful emotions and identity issues.

**Summary and Discussion:**

**Content and Process of Intentional Body-Directed Attending**

This discussion considers the two stages of body-directed attending, attending and associating and the directionality found in the process. An argument is made for an interpretation of body-directed attending as an active and generative process; a mechanism for the bottom-up construction of meaning, with impact on self-state and wellbeing.

**Sequence One: Attending**

The women described intentional internal body-directed attending as a process in which they took their attention away from external cues and social interaction, and shifted their attention inside their body; inside their skin. They then discerned somatic
information/images by scanning their bodies systematically in vertical paths and/or jumping from one site of strong sensation to another. They allowed sensations to arise and make themselves felt. In their acts of body-directed attending, the participants reported mostly internal, but also external and postural somatic images. All of the women reported local and global somatic images.

There was a high degree of convergence in the women’s accounts of their experience of this basic process of body-directed attending. This suggests that it may be a part of normal human functioning to be able to move attention inwardly and through the body at will, and to discern (or generate) local and global somatic percepts which are experienced to some degree as independent from the attending self.

Attending to body as the women described it aligns with Fisher’s (1973) characterization of the process as a form of scanning involving broad sweeps of attention through the body. The present findings also support O’Shaughnessy’s (1995) formulation of three kinds of focal body-directed attending – intentional, triggered and background to action. However, the present findings provide more detail about internal attending, observing the attentional movement inward, two different kinds of scanning, and noting that somatic content was initially experienced as independent from the attending self and then usually integrated into an overall sense of body-self in relation to events.

Given the women’s capacity to actively engage this process whether they intentionally invoked body-directed attending often or rarely, it seems likely that women engage a somewhat similar process whether the body-directed attending is intentional or triggered. The women were adept at accessing their internal body experience and they used a common basic process. This suggests that accessibility to
awareness of current somatic state may be an important and ongoing aspect of normal functioning.

The evidence of both global and local somatic content provides phenomenological support for O’Shaughnessy’s (1995) theoretical position that somatic awareness is characterized by an alternation between whole body awareness, and focal perceptual awareness of body parts. That the women’s body-directed attending took the form of sequences of specific local and global somatic contents (somatic images) provides phenomenological support for Damasio’s (1994) concept of a stream of somatic images which represents current body state at each moment. The somatic images reported were mostly internal, but also external and postural.

The appearance of external somatic images in the data provides phenomenological support for the assumption in Objectification theory (Fredrickson & Roberts, 1997) that at times individuals image their bodies as though from the outside. The thesis provides empirical evidence that women do indeed create external and visual images of themselves as though from the outside. The current findings extend this view of somatic imaging by identifying internal and postural somatic images, and local and global images. The nature of these kinds of somatic images, and their relation to positive and negative body images are discussed in the section on body image issues and body-directed attending (p.148).

**Sequence Two: Associating**

The women’s acts of body-directed attending had directionality, in that they broadly followed a sequence of steps and arrived at an end point or outcome. The initial process of shifting attention towards the body, usually “going in”, was followed by associated cognitive processes in which they connected their somatic content to other
aspects of self and to their personal world/environment. The women attended to body-self, discerned local and global somatic images and often made sense of them through cognitive associations which generated bottom-up, somatically based meanings and propositions. These associative processes included causal attributions, emotional attributions and somatic comparisons.

The appearance of somatic comparisons in the data provides empirical support for Damasio’s (1999) concept of somatic markers – remembered somatic images which are part of episodic memory and are readily accessed in working memory. The participants were clearly adept at evaluating presently experienced somatic images in the light of remembered somatic images. This use of somatic comparisons lends support to Damasio’s view that individuals store somatic percepts which they are able to retrieve and compare to present somatic percepts.

The current findings provide further insight into the use of somatic markers through the observation that the women created what might be understood as rudimentary body-based narratives by linking and contrasting body-self states across time. For instance the women all utilized somatic markers at pre-pregnancy, late pregnancy and post-birth, creating a somatically based pregnancy story. This suggests that one of the ways somatic markers are stored and accessed is through encoding in temporally based narratives.

The strong tendency the women displayed to make meaning associations in relation to somatic images is consistent with Damasio’s (1994) view that somatic images (like images in other sensory modalities) are inherently linked to a sense of external events, and convey or hold a web of possible meaning associations, as well as perceptual aspects, affect, and tendencies toward action. The associations made by the
women with somatic images displayed all these aspects. The participants associated their somatic images variously with aspects of self and world, personally meaningful sensory qualities, emotions, and potential actions.

The associative cognitive processes involved in acts of body-directed attending might be understood as mechanisms for the bottom-up construction of meaning, by the combination of somatic and conceptual information. The outcomes of the women’s acts of body-directed attending included global evaluations of self-state, bottom-up/body-based propositions, elaborated somatic images, emotions, potential actions and changed self-states. This interpretation of the data, as phenomenological evidence of the direct influence of somatic states on thinking, and on the construction of self-states and meanings about events, is consistent with the positions of Damasio, Gendlin and Fisher on the interrelation between body, self and world.

Broadly speaking, the findings support the position that somatic states underlie, influence and constrain thinking and that brain and body are in mutually influential interrelation in the construction of meaning at each moment. They support Gendlin’s (1978) position that the body itself stands in sentient relation to situations, other people, symbols and ideas. They also support Fisher’s (1973) concept of the body as an indispensable sounding board for the “goodness” or “badness” of situations for self. The findings further support Damasio’s (1999) somatic marker theory, that remembered somatic states form a crucial and ever-present part of thinking, meaning construction and action. These present findings contribute to this broad view of the role of embodied consciousness in the generation of meaning by providing grounded evidence of specific cognitive processes and outcomes originating in somatic, “sensed” experience.
The Movement From Local to Integrated Global Somatic Images

Most of the acts of body-directed attending were directional in that the women’s attending moved from discrete, local somatic images experienced as somewhat independent from the attending self, to global somatic images experienced as integrated with self. This directionality was often associated with an overall state of wellbeing, and with a sense of identification with “normal’/customary body. This directionality was apparent in the data of women who report that they attend purposefully and often to their bodies, as well as those who usually only notice their bodies when strong sensation claims their attention.

From a phenomenological perspective, the observation that somatic images occur in sequences with an integrative directionality from local to global, has not previously been reported in the literature. Reference to O’Shaughnessy’s (1995) work suggests that the directionality found in act of body-directed attending towards global somatic awareness might be best understood in terms of a simple movement of attention from constant, background awareness of whole body to focal perceptual awareness of body parts, and back again. In this interpretation, global somatic awareness is just that – background whole body awareness with little perceptual detail.

However, the integrative, global somatic images apparent in the data might also be understood in part by reference to Gendlin’s (1978;1998) concept of felt sense and Damasio’s somatic markers (1999). Gendlin’s work suggests that global self-evaluations might be understood as an instance of “felt sense” in which the individual forms a physiologically and psychologically integrative somatically-based sense of self in the current situation. In a similar vein, a central idea in Damasio’s work is that human
consciousness is characterized by a body-based concurrent sense of self and external situation.

These formulations support a tentative interpretation that body-directed attending (whether intentional or triggered) has a naturally expansive and integrative flow or directionality in which local somatic percepts (“that which arises”) are noted, sometimes interpreted, and then integrated into a sense of whole body-self in situation. According to the women’s accounts, local somatic percepts provide important self-information for symptom perception and emotional self-knowledge. The expansion of attention to global evaluations of self-state may integrate specific somatic percepts into an overall sense of current body-self state.

It appears that women often associated their culminating global somatic images with degree of current basic health and wellbeing, and with degree of identification with current body-self state as customary “normal”, “just me” body-self. In this way, the global self-evaluations seem to function to check and affirm the basic wellbeing and continuity of the body-self.

In summary, the data suggest that in the act of internal body-directed attending, somatic images with their own integrity and specificity arise and become conscious. These somatic images are sometimes elaborated/interpreted, and usually integrated into whole body-self experience in the form of body-self states integrated with self and somewhat inclusive of situation. The data further suggest that the act of consciously invoking somatic experience is an active and generative one which contributes to the construction of personal meaning, wellbeing and ongoing identity. The next section examines how women themselves understand and utilize this process, focusing in
particular on the purposes to which they put body-directed attending in their everyday lives and on individual differences in approach.

**Body-Directed Attending: Purpose**

This section summarizes and presents data about the women’s purposes for body-directed attending. Individual differences in the use of intentional body-directed attending are examined, and cluster groups formed around three broad approaches. Evidence is presented that an individual’s purpose for attending to body influences the process, content and outcomes of body-directed attending. Two shared, bottom-line reference points for body-based meaning in body-directed attending are proposed – the presence and absence of symptoms and comparison with “normal” or customary body. These findings are then considered in the light of previous research and theory in a discussion of possible functions of body-directed attending. It is argued that body-directed attending serves a fundamental function of bringing conscious attention to the maintenance of the basic health and continuity of body-self. It is also argued that there are considerable individual differences in the ways that women engage this process, and that women have established habits of body-directed attending which, compounded over time, may impact on wellbeing. First, a useful distinction in understanding purpose in relation to body-directed attending is made – between consciously invoked and triggered attending.

**Consciously Invoked Versus Triggered body-directed attending**

When the women talked about their experiences of intentional body-attending, they often contextualized their accounts by reference to experiences of “triggered” body attending. This distinction helps to clarify the nature of intentional body-directed
attending. The women made a distinction between consciously invoked body-directed attending (which they were invited to do in the study) and body attending that is “ignited” or “triggered” in the course of everyday life. Some participants reported that they consciously invoke their body experience often and purposefully (Amy, Lauren, Caroline, Vivian, Shona & Christine). For other participants, intentional acts of body-directed attending were rare (Harriet, Catherine, Debbie & Rebecca). For these latter women, body attending is almost always triggered by strong sensation/feeling that they experience as arising and claiming their attention. (e.g., becoming suddenly aware of body symptoms, or sensations of emotion, or sensations accompanying physical actions). Interestingly, these women still employed the associational processes outlined above, suggesting that triggered body-directed attending may result in some similar processes and outcomes as does intentional body-directed attending.

All the women described the everyday phenomenon of becoming consciously aware of their bodies when body sensations arise and trigger body-directed attending. The women described triggered and consciously invoked body-directed attending as distinct phenomena that are part of conscious experience of body-self. Body-directed attention, whether intentional or triggered, arises as part of body-self-environment interaction. Unlike triggered body-directed attending, intentional body-directed is an action with a motivation and a conscious purpose.

**Purposes for Intentional Body-Directed Attending**

Analysis of the women’s accounts of when, where and why they would, (or would not), invoke body-directed attending in their everyday lives revealed four broad purposes. The participants reported that they attend to body-self in order to monitor body-self state, change body-self state in a desired direction, make sense of somatic
percepts and self-states in relation to environmental events, and simply to experience
sensate life as a valued aspect of experience and self.

1. Monitoring Body-Self State

Participants reported that they paid attention to their bodies in order to check for
discomfort/pain \(n=7\), emotional state \(n=6\), stress \(n=4\), state of long-term
symptoms, like back pain \(n=5\), appearance and/or weight \(n=4\), state of muscles
\(n=2\) and postural balance \(n=3\). Others \(n=4\) noted that they became aware of
discomfort/pain and emotion usually through triggered body-directed attending and then
moved to alleviate symptoms through action. All the women said that they checked for
their baby’s movement in pregnancy. Some had developed regular practices of relaxed
communication with baby through body-directed attending \(n=3\).

2. Positive Change in Body-Self State

Several participants reported using body-directed attending to bring about a
more “positive” self state; to produce pleasure, release, relaxation, peacefulness and
comfort \(n=7\). For example, Caroline said she would often “send good energy to where
I was feeling anxious, whether it be my heart, or I if had a cramp in my finger or
whatever, different cases.” A number used it to relieve anxiety, discomfort, pain, stress
and/or insomnia \(n=6\). For some, body-directed attending is itself “like meditation”
\(n=3\). Three participants used body-directed attending to help heal long-term injury and
pain.

3. Making Sense of Somatic Percepts in Relation to Environmental Events

Several participants said that they employed body-directed attending to become
aware of and understand their response to events \(n=5\). For example, Caroline said that
when emotion arises she often becomes “highly sensitive to what’s going on in my
body”. Kim invokes body-directed attending when she feels “stressed or uncertain or in a feeling state”. She seeks to understand what is happening by identifying a somatic percept, like “tightness”, like anxieties” and asks herself “Where the feeling is coming from, what is connected to – is it mine?” The women reported that they use this kind of interpretative or directional question of where the somatic percept is coming from (from herself and/or from the environmental event) to help the clarify their relationship with events, and to make emotional attributions.

4. Integrating Sensations/Somatic Percepts into Conscious Life and Action.

Five of the women reported invoking body-directed attending simply in order to “feel and listen” or to “note what is”, or to “check in”. For these women the act of directing their attention to their body was pleasurable and/or informative in itself. Several women (n=6) described somatic percepts as a meaningful part of their experience in their own right. For example, Christine and Shona talked about the pleasure of being more “weighted,” more “grounded” in pregnancy. Lauren talked about “looseness” and “openness” post-birth, and Harriet about being “strong” post-birth. These women talk about these global somatic images as valued aspects of themselves, to which they attend over time, and which they often relate to self-identity.

Individual Differences in Body-Directed Attending

The major purposes the women identified for the use of body-directed attending in the flow of life were to keep track of how they feel in relation to events, to monitor change and symptoms, and to change their self-states for the better. However, not every individual did each of these things, and the frequency with which body-directed attending was invoked in everyday life varied considerably. In addition, the women’s
beliefs about their bodies, the way they went about body-directed attending, and the outcomes of that attending were clearly interrelated and particular to each individual.

Comparison of the participants’ pregnancy and post-birth body-directed attending data shows that, with few exceptions, the individual women employed the same experiential and propositional approach to body-directed attending on both occasions. Each woman displayed an individualized way of attending to her body which influenced what she noticed of her embodied experience, and how she built meaning from her body-directed attending. Her style of attending to her body was intimately related to her purpose for doing so.

It would be misleading to characterize the women’s styles of body-directed attending as idiosyncratic. All instances of internal body-directed attending in the study conformed to the basic sequence outlined in Figure 5.1 (p.90) of an attentional shift to somatic self, scanning, noting what arises, and making body-based meaning through comparisons and associations. There was also considerable common ground among groups of the participants in relation to the purposes, functions and styles of body-directed attending. Data about each participant’s purposes, frequency and style of attending and associating was integrated, and three cluster groups emerged with different broad approaches to, or styles of, body-directed attending, namely Symptom Perception, Action/Interaction and Agentic.

**Styles of Body-directed attending**

1. **Symptom Perception – Rebecca, Debbie, Catherine, Karen**

These women reported that they rarely intentionally pay attention to their bodies in everyday life. Most of their conscious body-attending is triggered, as Catherine said, “when my body does … something that sort of alerts me to it”. When asked to pay
attention to their bodies in the interview, they tended to think their way into their bodies using memory and verbal proposition. Karen said “I began by thinking what I was really aware of” and Rebecca described “… a bit of a scan, thinking what’s going on”. They often started with a familiar symptom from the past (for example a sore back) and scanned systematically through their bodies searching for pain or deviation from “normal”. Catherine asked “is this normal or not?” Rebecca asked “is anything bothering me?” Karen asked “what is sore?”

The somatic percepts these women reported were the absence or presence of local symptoms, and global evaluations of wellbeing or otherwise. The associations they made with aspects of self or personal world were relatively few. At post-birth, two of these women associated their painful shoulders with their new work of mothering, and the other two associated somatic percepts with anxiety about sexuality and weight gain. This group of women used little descriptive language for sensation. Somatic experience was understood mainly in terms of symptom perception or deviation from normal. It may be that for this group, internal body awareness tends to be aversive in that “normal” equals no symptoms and no conscious body awareness.

2. Action/Interaction – Neva, Caroline, Harriet

This group of women invoke conscious body attending fairly often, mostly in action and/or in relation to others. Harriet said she is most aware of her body in action, for example, in swimming. Neva uses body-directed attending to calm herself in stressful interactions at work. This group use body-directed attending mainly to move from anxiety to relaxation.

In their acts of body-directed attending, these women reported few local somatic percepts or symptoms. Each tended to attend to her body primarily as a functioning
whole. They focused on global body states, and made meaning associations to interpersonal relations, actions and identity issues. The content of their somatic images often included basic body functions like pulse, and breath.

For example, Neva in pregnancy, noted a global somatic percept of increased warmth in her whole body. She associated this with her relationship with her baby, saying the new warmth was “like a hug”, and a reassurance that all was well. Consistent with her somatic orientation towards the interpersonal dimension, Neva discerned a global somatic image and interpreted it in interpersonal terms, as part of her relationship building with her baby.

These women included emotions and open-ended sensations among their somatic images and usually associated these with actions and functions. For example, Harriet’s major somatic percept at post-birth was a global sensation of increased strength. She immediately associated this with her self-identity as a mother.

Overall, the way the Action/Interaction cluster used body-directed attending indicates more involvement than the Symptom Perception group with novel sensations and emotional associations. These women tended to experience their bodies in body-directed attending as whole entities based in action and interaction. The meaning associations they made, while global and generalized, included strong sensory and emotional aspects.

3. Agentic - Amy, Lauren, Vivian, Shona, Christine, Melissa

This group of women consciously invoke body-directed attending frequently and intentionally for their own purposes in their everyday lives. For them, body-directed attending is agentic in that they employ it as an intentional action with which they achieve desired ends. Like the women in the Symptom Perception cluster, they
monitor their bodies for pain and injury, but they also reported a number of other purposes for body-directed attending. These included understanding and control of emotional states, alleviating discomfort, stress and pain, creating positive self-states such as peace and relaxation, preventing illness, finding postural balance, and simply listening and feeling “where my body is at”.

The women in this cluster did not use verbal propositions to initiate and structure their acts of body-directed attending but took a more open-ended experiential approach in which they waited for a moment to allow sensations/percepts to arise. Nicole described this as “having a little listen and a little feel and just let come through whatever is there”. The words these women used most often as verbs in their body-directed attending processes were “feel” and “notice”. They used scanning selectively according to their purposes. Usually they used global/local attending and “jumped” from one to another somatic percept as these became apparent. Less often, they used systematic scanning, particularly to discern “less obvious feels”.

Women in the Agentic cluster generated more and a greater variety of somatic percepts than those from the Symptom Perception cluster. They focused on emotions and sensations as well as symptoms. They tended to regard sensations as having validity and specificity of their own. They often shifted fluidly from a symptoms focus to a an emotional or sensory focus. They made emotional associations with both local and global somatic percepts.

For example, most of the Agentic group described throat or heat sensations which they attributed to the act of talking in the interview. They were motivated towards identifying emotional associations of somatic percepts and regarded this as a feature of ongoing self-knowledge. Each of the women in the Agentic cluster had a
practiced and individualized way of using body-directed attending, influenced by her ongoing body-related beliefs and practices. For example, Amy’s main ongoing motivation for her frequent use of body-directed attending was to alleviate discomfort and experience peace. Over years she had observed her embodied responses to events, and had learned that she was often able to modify her self-states in the direction she wanted – towards peace. Amy’s post-birth body-directed attending displayed this capacity when in a difficult time for her, she induced a comprehensively peaceful moment. Overall, the Agentic group were more involved than the other two clusters with local, internal somatic percepts and with subtle associations and distinctions.

**Relationship between Purpose and Process In Body-Directed Attending**

The act of paying conscious attention to one’s body is far from a rote enactment of perceptual and attentional capacities. Just as individuals “see” a landscape differently because of factors such as their ideas and beliefs, their habits of visual perception and their current self-state, the data suggest that each participant’s particular approach to body-directed attending (and therefore what she experiences and processes in the landscape of her embodied experience) is profoundly influenced by her purpose/s for attending to her body and by her beliefs about her body-self. Comparison of each individual’s pregnancy and post-birth acts of body-directed attending showed that with few exceptions the women employed the same basic heuristic for attending to their bodies at both times. Each participant might be said to take a certain “set” or employ a personal heuristic in paying attention to her body. A heuristic is a method for discovery or formulation which reduces the number of possible answers (Reber, 1995).

As part of the data analysis, each woman’s stated purposes for body-directed attending and her major beliefs about her body were considered in relation to her style
of body-directed attending. The results of this investigation suggest that each participant’s set/heuristic towards body-directed attending had both ideational and experiential aspects and that these were interrelated. The ideational aspect relates to the woman’s purpose/s for body-directed attending and her beliefs about the meaning and functions of somatic awareness. The experiential aspect relates to the kinds of somatic images she generates, and the sequence and outcomes of her body-directed attending.

In order to illustrate this interrelationship, in the next section two women’s accounts of their purposes for, and experiences of, body-directed attending are described in detail and contrasted (Nicole & Christine). Both of these women are from the Agentic group, so both employ intentional body-directed attending often and purposefully. Nicole’s and Christine’s data was chosen for this comparison as their broad approaches to body-directed attending are quite similar, but differences in their beliefs about, and reasons for body directed attending result in different experiences of their bodies. (Data about the women’s beliefs about body-self is drawn from the narrative interview).

**Nicole’s Individual Set - the Somatic Thermometer**

Nicole held a strong and well-articulated set of beliefs about her experience of her body and its relation to her life and behaviour. These beliefs pre-dated her pregnancy and continued to unfold as a strong force in her embodied experience of pregnancy. For Nicole “My body is the first indicator of my external situations, so if I am stressed, if I am... it all comes through my body.” Nicole reported that she feels “vulnerable and weak” or “rundown” when she over-commits herself and is “not coping”.
At these times, she aims to listen to her body “telling me something here. Its telling me that I need to rest and to respect it and if I do these things to care for it, give and take, I won’t get sick”. Nicole described this orientation to listening to her body as an important life choice, to which she was strongly committed. In pregnancy, Nicole’s description of what she noticed in body-directed attending went like this:

As I said earlier my body actually feels pretty good today. Last night I had a very good sleep, quite often I haven’t been having great sleeps…I can feel the baby there the whole time… So I can feel it now and I can feel it moving in there and I love that feeling. I’m fairly relaxed because I’ve stopped working. I have experienced a bit of breathlessness but that’s probably about it.

In line with her beliefs and purposes, when Nicole paid attention to her body, she focused on the body signals which provide important life information for her– her sense of health and wellbeing monitored in relation to her tension and fatigue levels and symptoms. Her pleasure in her baby’s movement was experienced in the context of her ongoing relationship with her body as signal device for self-care – a kind of somatic thermometer.

Nicole reported that she is “fairly in tune with her body”. “In tune” for Nicole means attending to her body’s signs of stress in response to situations and events. In her body-directed attending she demonstrated this set – she took a specific experiential and propositional approach to body-directed attending which fits her beliefs and purposes. She scanned for symptoms and signs of fatigue and tension. Although Nicole experienced her process of body-directed attending as open-ended “just have a little listen and a little feel and see what is there” she was actually highly selective about the content of her body-directed attending. The content of her body-directed attending –
what “is there” - was clearly related to her beliefs about her body and to her purposes in paying attention to her body in her everyday life.

Christine’s Individual Set - the Spine-Weight Gauge

Christine paid attention to an overlapping but notably different set of somatic information. For her, “as a dancer”, “my body’s been so the focus of my life”. The way she “usually is in her body” and “what (she) knows her body to be” are of central importance to her. Christine reported that she invests considerable time and intellectual and financial resources in her bodily life. She engages regularly in body-mind disciplines (Alexander technique and Pilates) and applies these consistently. Christine attributes importance to her spinal balance in her well being. The idea of carrying emotions in her body is also a strong one for Christine. She believes that her body carries emotions, from long-term hurts to feelings associated with the smallest thought. At pregnancy, Christine’s process of description body-directed attending went this way.

First, Christine made an inward movement with her attention and performed a global/local scan of her internal body, discerning the most obvious somatic percept, which was her baby’s movement. She spent time with that and noted that it gave her pleasure. Second, she did a particular form of body-directed attending in which she visualized her spine and “gauged where the weight’s falling around it”. This led to sensory/kinetic awareness of her weight and to pleasure in her movement and warmth.

“I feel the weight in my feet. I like sitting in this ball because I like...its warm and I like movement ...”

It also led to awareness of local somatic images in her chest and throat which she interpreted as an emotional response to the interpersonal context and to spinal imbalance. A somatic image of “energy” in her chest Christine interpreted as worry
about her clarity. A “pull forward” she identified as a postural response to the increased weight of her pregnancy. She immediately began to modify this slight imbalance.

Both Christine and Nicole in their pregnancy body-directed attending took their focus inwardly and “had a look inside” as Christine described it. Both attended to and talked about their baby’s movement and associated positive emotions. However, the other somatic percepts that each attended to were quite different. While Nicole’s focus was on her body as a thermometer for stress, Christine interpreted sensations of muscular balance around her spine in terms of her physical balance and her emotional state.

Both Christine and Nicole were actively using body-directed attending to contribute to their ongoing health and wellbeing, and to their understanding of themselves in relation to their world. However, the “body” that they invoked in body-directed attending was, to some degree, composed of different constituents, and the outcomes of their body-directed attending were also different. Nicole performed a fatigue and stress check and the outcome was a global sense of relative wellbeing in the present. Christine attended to her present muscular/structural balance around her spine and the outcome was sensory/kinetic pleasure and increased understanding of her emotional relationship with her present situation.

Another difference was that Nicole’s body-directed attending was primarily a diagnostic act, whereas for Christine’s body-directed attending was also an action which she actively employed to modify her body-self-state for the better. The two had different purposes, employed different processes and elicited different outcomes. The approach each woman adopted clearly reflected her beliefs about her body and her purposes for body-directed attending. Both of these women reported that they employ intentional
body-directed attending often (several times a day) so their approach to body-directed attending and the particular meaning constructions it engenders are likely to have impact on their lives and wellbeing.

Overall, the findings suggest that the defining differences between the women’s acts of body-directed attention were not in the basic attentional process, but in the “set” or heuristic which women adopted towards their bodily experience, and in the ways they associated somatic percepts with internal and external environmental cues to understand and interpret their sensations, and to construct self-states.

**Bottom-Line Roles of Body-Directed Attending**

Although individual women clearly differed in their purposes for, and use of, body-directed attending, the data suggest that there may be common reference or comparison points which underlie most or even all acts of body-directed attending – the presence/absence of pain/symptoms and a remembered sense of customary/normal body. These bottom-line somatic markers are apparent across the data, but most evidently in the attending of women from the Symptom Perception Group, who report little conscious purpose for body-directed attending. For instance, Karen’s description of her process of body-directed attending in pregnancy went like this:

“I think I just… began by thinking of what I was really aware of …*I’m aware of this because its sore* at the moment. *I jumped around a bit. I went for areas that normally hurt* and went oh *that’s not sore and that’s not sore*. And… then kind of scanned.” (laughs)

Karen structured her body-directed attending with a proposition/set that seemed to work like a search term in an internet search. She “jumped around” and “scanned” in relation to the questions “*does it normally hurt?”* and “*is it sore now?”*. The
presence and absence of pain gave structure to her embodied experience in body-directed attending. It worked as a shortcut for choosing spatial locations and body parts to pay attention to (areas that “normally hurt”), and for interpreting sensation/content (Is it “sore now?”). She did a pain check—she swiftly shifted her attention from one part to another—“sore, not sore”. She commented on her back pain across time, which linked her current body-self state into a history of recurrent pain since her early twenties.

Rebecca also described attending to her body with a bottom-line proposition underlying and structuring her act of body-directed attending.

“I guess some sort of like, a bit of a scan, sort of thinking what’s going on. … I guess…a bit of a negative focus, you know, is anything bothering me, is anything …”

Symptom perception – discerning something wrong - may be a bottom-line purpose for body-directed attending (whether the body-directed attending is consciously invoked or triggered by strong sensation). Another and related bottom-line process often used in body-directed attending was the women’s assessment of their present body-self state against a remembered “normal” state. Catherine used this kind of approach at post-birth. This approach alerted her to the presence of that which was not normal.

“I need to shut my eyes and actually you know think about myself sort of from head to toe……In very basic terms I thought that my head feels normal, my arms were normal, my back and certainly my stomach and genitals and stuff don’t quite feel normal but my legs feel normal…."

Debbie, describing her post-birth process of body-directed attending, also compared her present body-self state to “normal”. She made a point that “normal” is
not just the absence of pain. Debbie made clear that “normal” for her is a remembered and welcome state.

“Sort of started at the top and just sort of relaxed…OK what do I feel through my body… I had my back and shoulders and everything, and when I’d got past there, like all this (points to torso) feels normal, like inside or front. My lower back feels sore, and then just the rest of me feels… feels good, feels normal. I’m not just thinking about where its sore or anything. But yeah, it feels normal, like I did before.”

Many of the statements that the participants made about their bodies were structured around memory of a “normal” body-self. For example, Lauren, in her pregnancy body-directed attending, noted a multidimensional series of internal somatic sensations, and then observed “Everything else just feels like me”. Lauren scanned for changes due to pregnancy versus that which ‘just feels like me’. Like Debbie’s, Lauren’s formulation reveals a close association between her self-identity and her somatically-based body-self and suggests the use of a somatic marker representing customary body-self.

Lauren’s formulation also reveals a body-self reference point that recurs often across the data – my normal/customary body versus my changed, pregnant or post-birth body. Overall, the data suggest that the absence and presence of pain, symptoms or foreignness and the experience of customary, “normal” body-self, which “feels like me” are important reference and comparison points in body-directed attending.
Summary and Discussion: Roles of Intentional Body-Directed Attending

In this summary, findings about the purposes, process and content of body-directed attending are integrated in a discussion of basic and differentiated functions of body-directed attending. Damasio’s (1999) account of the role of body experience in proto-self, core self and autobiographical self provides a theoretical base for considering basic functions of body-directed attending. The women’s accounts of their purposes for body-directed attending provide the basis for identifying differentiated functions.

Basic Functions of Body-Directed Attending

The data suggest a basic function which may underlie all acts of body-directed attending. This function is a feedback system for checking threats to, and where appropriate affirming, the basic health, continuity and identity of body-self. The data suggest that the absence and presence of pain, symptoms or foreignness, and the experience of customary, “normal” body-self, which “feels like me” are important reference and comparison points in a process of checking threats to, and ensuring the basic health and continuity of body-self. Taken together with Damasio’s (1999) account of the roles of conscious somatic experience, the women’s frequent use of these phenomenological reference points suggests that body-directed attending may bring conscious attention in line with important somatic regulatory processes.

In Damasio’s (1999) account, moment-by-moment conscious experience of body-self (core self), is fed by the mapping of internal body states in an ensemble of regulatory brain devices that which maintain the body state in the range required for survival (proto-self). An interpretation of the basic roles of body-directed attending found in the data is that the job of proto-self in maintaining the homeostatic balance of the organism may be assisted by core self through conscious attending to body-self, and
by autobiographical/extended self in the form of information from past events, potential actions, and abilities such as planning, problem solving and creativity.

Through body-directed attending, the enormously broader and more stable extended/autobiographical self is brought to bear on the fleeting sensations and feelings arising from sentient core self, in the service of the basic functions of proto-self, to ensure the health and continuity of the organism. The data suggest that conscious attention is drawn to body-self either intentionally, or when body parts exhibit strong sensations due to body-self disturbance associated with experiential factors such as injury, pain and emotion. Conscious attention is then directed (where necessary) to understanding the source and import of local somatic images through somatically based comparisons and attributions. Any necessary action to alleviate symptoms are taken, or noted for later action.

Inferring from the content of the global self-evaluations of the women in this sample, it is possible to speculate that in most acts of body-directed attending, when outstanding local and global somatic images have been processed, current internal global self-state is checked against customary body-self state (a central somatic marker), and degree of wellbeing registered in terms of a match between these two somatic images. If overall wellbeing of body-self state falls close enough to “normal”, “just me” body-self, the basic health and continuity of body-self is checked and affirmed and current somatic state is integrated with sense of self. If it does not, body is experienced as foreign and/or and sick, and attention may need to continue to be directed to local somatic percepts; to pain, symptom or emotion.

This interpretation of the findings is not meant to confine the roles of body-directed attending to narrowly defined physiological regulatory functions. Body-
directed attending brings conscious attention and autobiographical self to meet with current body-self state. While this process appears to contribute to the ongoing maintenance of health and identity, it also seems to integrate somatic experience into sense of self, world and personal meaning.

**Differentiated Functions of Body-Directed Attending**

As well as these bottom-line roles of body-directed attending, the findings suggest that individual women utilize the capacity for body-directed attending for various conscious purposes. The major purposes for which women in this sample used body-directed attending were to monitor change and symptoms, to understand feelings in relation to events, and to change their self-states for the better. Some women had specialized ways of using body-directed attending. More highly differentiated functions for body-directed attending in the data included assessing and improving structural balance in the body, predicting and avoiding aversive emotional states, construction of specific pleasurable states and pain management.

That most of the women had conscious purposes for body-directed attending which they actively exercised is consistent with the views of Schilder (1950), who emphasized that individuals employ and direct their body experiences strategically and proactively. The data provide some phenomenological evidence for Schilder’s theoretical position that the way sensations are integrated (or not) into conscious experience of body-self is linked with the individual’s aims and attitudes. The data suggest that each woman’s beliefs about, and purposes for body-directed attending profoundly influenced her process and what she noticed about body-self.

Interestingly, the individual women had relatively stable “sets” or approaches, which (compounded by frequent usage) may have consequences for ongoing experience
and wellbeing. This finding supports an underlying assumption of Objectification theory (Fredrickson & Roberts, 1997) that women have established habits of (externalized) body-directed attending linked with their purposes, and extends this by observing that women also have established habits of internal body-directed attending.

The findings provide phenomenological evidence of Schilder’s (1950) proposal that individuals seek to alter their internal body states. A key purpose for body-directed attending from a woman’s own point of view was to produce pleasure, release, relaxation, peacefulness, comfort and to relieve anxiety, discomfort, pain, stress and/or insomnia. Consistent with Schilder’s (1950) views, for many of the women, body-directed attending is an intentional action which achieves desired ends, as well as an awareness triggered by strong sensations.

Another key purpose of body-directed attending for some women was to understand feelings in relation to events. The women reported that they sought and gained emotional self-understanding, both short and long-term, from their body-directed attending. This is consistent with the observations of Fisher (1973) and Damasio (1999) that attending to somatic experience contributes to expertise in the art of living through increased emotional understanding.

Previous research has not addressed individual differences in the use of body-directed attending. The present data reveal that although all the women used the basic processes of attending and associating, and all experienced body-directed attending triggered by strong sensation or emotion, there were major differences in the group as to the frequency, purposes, contents and outcomes of intentional body-directed attending. Some of the women utilized intentional body-directed frequently and in purposeful and highly developed ways (Agentic group), some attended to body-self fairly often and
purposefully, mainly in action and interaction (Action/Interaction group) and some used it rarely (Symptom Perception).

The findings of this thesis make some inroads into a research task Schilder (1950) defined as describing the framework within which individuals experience, interpret and alter conscious body sensations. The findings suggest that there is a basic process of body-directed attending – attending to, and associating about, internal, external and postural somatic images – and a directionality to acts of body-directed attending towards integration of somatic percepts with current and continuous sense of self.

The present data show that there are considerable individual differences in the ways that women engage this process, beliefs and practices are mutually influential and affect what women experience of body-self, and women have established habits of body-directed attending. Further understanding of individual ways of engaging the process of body-directed attending, both salutogenic and pathogenic, may be useful in a variety of therapeutic contexts, particularly those in which body image problems are at issue. The data also reveal specialized functions of body-directed attending specific to pregnancy and post-birth. The following section tracks changes in women’s body-directed attending in pregnancy and at post-birth.

**Body Directed Attending in Pregnancy and Post-Birth**

The women’s acts of body-directed attending in pregnancy and post-birth were systematically compared and contrasted and a clear trend emerged. For the majority of women, the birth of the baby brought with it a reorientation of somatic attention away from an increased internal focus in pregnancy, and towards to an interpersonal and
functional focus. In this section, this trend is described in detail. Patterns in the data are then reported which link exceptions to this trend with the use of external somatic images associated with body image anxieties and identity issues around sexual attractiveness.

**Pregnancy: The Baby Inside**

The majority of the women characterized pregnancy as a time when body-directed attending was markedly increased. This was both as a result of the novel sensations of pregnancy triggering women’s body-directed attending, for instance when the baby kicked, and as a result of increased consciously invoked body-directed attending, for example, to monitor their own and the baby’s wellbeing. Debbie (Symptom Perception group) noted that she paid more attention to symptoms and to potential solutions.

“...before being pregnant, I haven’t been as aware...I haven’t thought about what’s actually happening and what it’s related to. Whereas (in pregnancy) you go, I’ve got a back ache and think about what it might be...And why am I getting those cramps in my legs...What’s the cause of that, and what could I do to get rid of it.”

For Caroline (Action/Interaction group) the awareness of her baby inside was also about understanding the sensations she felt in terms of what her babies (twins) might be doing.

“Cos everything is so...every little niggle is oh god, what’s that? Or what’s causing that? And not necessarily what is wrong but what are they doing inside me to make that feel that way? What way are they facing and how is it possible that they feel like they are tickling my pelvis or...things like that.”
In her pregnancy body-directed attending Shona (Agentic group) noted new sensory pleasures in her every day life afforded by her pregnancy. She noted

“The weight of myself...heavier than I am used to being...I feel more grounded than I usually do without a pregnancy... So I enjoy just sitting. I enjoy just walking. And... the sensation of those simple things is more satisfying. Because I guess I feel it more maybe or something, there’s more weight coming down so its more interesting or just I feel something.”

The body-directed attending data suggest that pregnancy tends to heighten women’s awareness of internal body and provide new somatic experiences. The women in this study took their attention to body-self in order to sense, connect with and imagine the baby, and to monitor new symptoms, and sensations.

**The Baby in Body-Directed Attending**

In pregnancy, all the women mentioned their baby in the flow of describing what they noticed in their bodies in body-directed attending. Most checked for the baby’s movement as one element of a sequence of local and global somatic percepts, including pregnancy-related sensations and symptoms. For instance, Nicole noticed her baby amongst a series of somatic percepts – feeling good, can feel baby and “I love that feeling”, feeling relaxed, some breathlessness.

Most of the participants described the baby’s movement as part of a series of internal body somatic images, both familiar and novel (e.g., symptoms, sensations, emotions). The women moved their attention to the area of their bodies where they sensed the baby to be and listened or tuned in for movement. Like other somatic images, women could “go to” and “leave” the baby, as Amy described it. Also like other
somatic percepts, the women were sometimes aware and sometimes not, of the baby’s movement, depending on the focus of their attention. Christine described this.

“I guess slowing the breath down to register where everything is......and as soon as I do that I feel aware of the baby, whereas when we are talking...
sometimes its moving and I won’t be keying into it. I have to kind of pull back a little bit and have a look inside.”

Several women also mentioned that in pregnancy they developed a regular practice of body-directed attending where they took their attention inside and consciously connected to their baby. For instance, Nicole described a body-directed attending “routine” she developed – “baby time...to be with the baby alone and really connect with it”. The process started as “lie, massage tummy, relax” As she practiced this, it became “a very big relaxational time for me as well.” In this process she “becomes more aware of my body, and the changes, and how I’m feeling and “what the baby’s doing”

This process led Nicole to “a bit of imagination and fantasy”. She reported that “once you start sort of drifting”... “imagination pictures come into your head, caring or feeding the baby...what its going to be like when it is actually moving in your arms”...emotions come up”. Nicole became excited and happy at these times but “all in a very relaxed, dazed sort of way”...not at all in a strenuous way...it’s a pleasurable time.” In this practice, Nicole’s body-directed attending served several functions for her. She developed her relationship with her baby inside, changed her own self-state for the better, and prepared for the baby’s life outside her body, associating holding her baby with positive emotional and somatic states.
All of the women reported that feeling the baby move was a source of pleasure and reassurance for them. The women made a variety of meaning associations with somatic images of the baby inside. For instance, in Neva’s pregnancy body-directed attending, when asked to pay attention to her body, she created a new and specialized somatic image including a visual picture of her baby along with a relaxed global sense of her own body.

“I actually visualized the baby all rolled up in the foetal position and warm and just even though I had my eyes open (laughs) in my mind they were closed, and I was just thinking of my breathing and to be relaxed while I think about it… feeling…just always warm. It’s almost like I’m having like this big hug from the baby to make me warm. And knowing its there and everything’s fine…”

In line with her interpersonal and functional orientation to somatic experience, Neva (Function/Interaction group) associated the global somatic percept “warmth” with emotional warmth from her baby and reassurance about its wellbeing.

Shona’s pregnancy body-directed attending was a detailed, somatically-based, bottom-up reflection on ways her pregnancy was incorporated or not into her embodied sense of body-self. Shona (Agentic group) described her experience of two kinds of embodied experience of her pregnancy. She alternated between a sensory percept/image in which her belly/baby was separate from her self, and one in which the baby was incorporated into her global sense of body-self. In the “separate” somatic percept/image she could sense either the belly/baby area or her own body at a given moment. In the unified/global somatic image, she had a whole body focus which incorporated the belly/baby into her somatic image of her whole body (creating a new somatic percept/image). She reported that as her pregnancy developed she moved more towards
the second, inclusive somatic image. For Shona, the incorporation of the baby in her somatic image was associated with a conscious sense that the baby was part of her, and with pleasure in her pregnancy, and in actions and sensations which were changed because of it.

Overall, the women’s body-directed attending in pregnancy indicates that for these women (all of whom were having wanted pregnancies) pregnancy prompted increased frequency and new functions for body-directed attending (e.g., monitoring baby’s health, connecting with baby) and that the women developed new body-directed attending practices and somatic images during this time. Speculatively, it may be that in pregnancy women create new global somatic images of body-self incorporating the baby, and these exist in tension or dialogue with customary (non-pregnant) global somatic image of body-self.

*Post-Birth: The Baby Outside*

There was a clear theme in the data indicating that with the baby’s dramatic movement out at birth came a reorientation of the women’s somatic attention away from the increased internal focus of pregnancy and towards an interpersonal and functional focus after the baby was born. The majority of the participants’ post-birth acts of body-directed attending reflected this movement towards a new embodied relation with their babies (now outside the mother’s body) and towards the new actions and functions of mothering. This shift was evident in the women’s reports that they paid less attention to their own bodies, in associations they made to the actions and functions of mothering, and in somatic images that included the baby “out there” as Shona described it.
The body-directed attending data also indicate that the women’s own bodies were in a changed and fluid state at this time. The women were in a process of negotiating challenging new body sensations, and body changes both internal, and in appearance. This was also a focus of their somatic attention post-birth. The strongest emotional/interpersonal theme emanating from the post-birth body-directed attending data was the embodied experience of the baby’s dependence.

**The Movement Out**

When asked to pay attention to her own body post-birth, Harriet said “It’s not something that you do, I suppose, in the midst of everything…”.

Caroline too, said she was attending less to her own body.

“I guess in the last couple of weeks I haven’t been taking into consideration much how my body is feeling. Mainly because all I’m caring about is how the two girls (twins) are feeling.”

At post-birth, the participants’ body-directed attending tended to be less focused on their own embodied experience, but more focused on their babies and on the body functions that served their babies’ and their own wellbeing. For example, Harriet celebrated the her experience of the new function of her body in breastfeeding.

“And even in the earlier weeks just lying in bed and my milk would…like I’ve had big fountains…and just the joy and the amazement in that. And its real experience in the body isn’t it? It’s a very physical, very raw experience. Yeah and it is…Yeah, experiencing the body and what really it was made for…Yeah, in a good way.”

Caroline described her experience of the embodied shift towards an interpersonal, mothering orientation:
“...Since, I’ve been very proud of my body with these two girls kind of attached to it. And them being an extended part of my body."

Several of the other participants also referenced the new actions and functions of mothering in holding, carrying, rocking and feeding their babies in their body-directed attending (often as an causal attribution for pain and tightness in their upper bodies). Like Caroline, several women created post-birth somatic images of their babies as extensions of their own bodies. For instance, in her body-directed attending Shona described an expansion of her global sense of her body-self to include her baby.

“And also I’m holding him at the moment and he’s getting heavier and the weight of him is connected to my sense of physicality. Not like the pregnancy but him outside of me. Its slightly awkward. And unpredictable. And I feel probably a little bit more vulnerable physically than when I was pregnant because he’s an extension externally and he’s unpredictable in his own right... I’m kind of out there with him..”

Shona’s extended global sense of body-self was associated with increased vulnerability. Caroline associated hers with pride and change. In Kim’s post-birth body-directed attending, she also described her embodied sense of her baby, now external to her, as an extension of her own body.

“And I’ve noticed that when I’m highly strung or going through stuff he’ll mirror it back to me and he’ll ..like I’ve been feeling really frustrated in the last four days just about everything...about my body ...And he’s been doing all these frustration things in his body...its like he’s an extension of my nerve endings. I just have to keep checking in, checking in.”
For Melissa, who was “devastated” by a caesarean birth, the embodied connection with her baby was problematic at this time, associated with her nervous system, and her painful feelings.

At the same time as this shift from a focus on internal body self to body-in-action and interpersonal relation post-birth, the women were negotiating challenging new body sensations, and body changes both internal, and in appearance. This negotiation often involved comparison with remembered customary/pre-pregnant body.

For example Nicole said she very often asked herself, “Are we there yet?” “There” was Nicole’s “normal” body-self. This question also emerged in the narrative data as an important one for most of the women. It is further explored in the narrative and phenomenological results, and considered in relation to body image issues. In post-birth body-directed attending, the women also reported vivid new sensory percepts and these often carried associations to personal meaning and identity.

New Sensations Post-birth

The participants reported a variety of somatic images, and related emotional associations post-birth. These were quite different to the sensations women described in pregnancy. In post-birth body-directed attending women characterized their bodies as “open”, “loose”, “fluid”, “stretched” and “leaking”. The women related these somatic percepts to the opening of birthgiving, and the fluids of birthgiving and breastfeeding. For Harriet, these sensations had positive associations:

“To open up, to drip. More flesh, more of everything. I just felt, yeah, more womanly.”
However, for Lauren and Catherine, “stretched” and “open” carried painful associations and identity issues around their sexuality and attractiveness. Neva noted “tightness” in her neck which she associated with her baby’s dependence on her and their growing interpersonal relationship.

“… I’m needed 24/7. I can’t just leave him be and he’ll just look after himself...I’ve got to give out so much love and attention. Every day. Which I do enjoy. (laughs) cos I get it back now, that he’s smiling and giggling. Its become so much more fun. Yeah. Every week that passes. Its just got better and better.”

At post-birth body-directed attending, the women described new somatic images that were sometimes pleasurable, and sometimes disturbing to them. They described their embodied experience as unsettled, more open and less contained than normal. Shona described “a lack of connection between, through my whole system.” Christine described herself as out of spinal balance. Most of the women were tired. There was a sense in the data of being somehow undone, and in a process of reforming a new embodied identity which included the baby, now on the outside, and negotiated the mother’s own changed body in relation to her “normal” or customary body.

**Exceptions to the Trend**

Three of the women were exceptions to the general tendency of a post-birth change of focus in body-directed attending towards a more functional and interpersonal somatic orientation. Karen, Catherine and Lauren didn’t reference the baby or the actions of mothering in their post-birth body-directed attending. The post-birth body-directed attending of these women involved somatic images associated with body
anxieties about appearance, post-birth damage and identity issues around sexual attractiveness.

These women, unlike most of the rest of the participants, all reported reduced self-confidence in themselves as attractive and sexual in their post-birth body-directed attending. The only other woman who reported strongly negative feelings about the appearance of her body was Melissa. Kim did reference her baby in her body-directed attending, but her emotional associations with her baby were negative. The body-directed attending data of these four women is discussed below, and findings proposed about ways that the process of body-directed attending may relate to body image issues.

**Body Image Issues and Body-Directed Attending**

This section outlines patterns in the data that bear upon body image issues. Briefly, there is an association between body image issues and the use of external, visual somatic images. There is also a pattern of associations at post-birth. Unlike the majority of the women, those with substantial post-birth body image anxieties tended to conclude their body-directed attending with external and local visual somatic images associated with appearance issues (rather than with internal global somatic images experienced as integrated with self), and not to reference the baby and functions of mothering in their body-directed attending.

**External Visual Somatic Images**

As self-objectification theory (Fredrickson & Roberts, 1997) would predict, there was an association in the data between appearance and weight concerns and the use of external, visual somatic images. In the five instances when woman monitored appearance or weight in body-directed attending (Catherine, Karen x2, Vivian &
Melissa) they each utilized a visual image of body-self as though from outside. These external visual images were different in content and phenomenology to the internally based, sensed somatic images that formed the bulk of the data.

External visual somatic images were not sensed internally, but visualized as though from outside the body. The women did not experience them as “arising” into consciousness independent of attending ego, and then becoming integrated into body-self as they did internal somatic images. They did not include current internal somatic information. External visual images were rather constructed out of visual memories as mental pictures. The participants associated them with aspects of self identity, sexuality and attractiveness, and compared external visual images of current body with external visual images of body (mostly the woman’s own, but also ideal body) from other times.

For example, Nicole vividly described constructing an external, visual image of her body post-birth “from the outside. As if I’m looking in the mirror”.

“… my visual picture is just sort of going down and seeing what’s still on my body. I mean I still have the dark line across my tummy and I’m still…still have the flabby pot here…all the skin around my belly button went quite dark…So…so with all these imperfections, I mean that’s kind of what I’m visualizing.”

Internal and external imaging were not always described as entirely separate. In Karen’s pregnancy body-directed attending, she described external visual imaging her body which also involved internal feelings. Although she described her body-directed attending as coming “From the outside. …a sense of externally a beam down like that’, Karen also said
“It’s both. Its seeing and feeling…And even though I’ve said its an external thing the feeling is both internal and external.”

Weight and appearance monitoring was not the only context in which women used external, visual somatic images. In pregnancy body-directed attending, Neva visualized her baby, and several women visualized their posture. The data does not suggest that constructing external visual somatic images is necessarily pathogenic in itself. However, whenever external visual somatic images were used in order to monitor their weight and appearance, this was associated with body image issues.

The patterns reported here are consistent with the assumptions behind Objectification Theory (Fredrickson & Roberts, 1997) in that the women clearly described instances of creating external, visual images of body-self associated with appearance concerns and related identity issues, and that external images were used by the women who reported long-term body image concerns (Catherine & Karen). The present findings give phenomenological support for the existence of external, visual body images related to body image issues, and provide detailed descriptive data about both external and internal somatic images and women’s use of these in body-directed attending sequences.

Post-Birth Body-Directed Attending and Body Image Concerns

The post-birth body-directed attending of the four women who reported strong negative feelings about their appearance and /or concerns about sexual attractiveness and identity (Catherine, Karen, Melissa, Lauren) exhibited some differences in content and directionality from the body-directed attending of the rest of the women.

Unlike the other women, the content of the post-birth body-directed attending of three of these women (Catherine, Karen, Lauren) did not reflect a movement towards
focus on their new functions and interpersonal roles. They did not reference the baby or the functions of mothering in their post-birth body-directed attending, but focused on weight and appearance issues and post-birth damage.

The body-directed attending sequences of the rest of the sample concluded with global, internal somatic images experienced as integrated with self. This directionality was not evident in the body-directed attending sequences of those women with post-birth body image anxieties and identity issues around sexual attractiveness. Three of four of these women (Catherine, Karen, Melissa) concluded with external and local visual somatic images associated with negative feelings about appearance.

Kim associated her local somatic image of her caesarean scar with what she perceived as her failure as a birthgiver, and with a sense that she was split between body and mind, and uncomfortably connected to her baby. Catherine and Karen associated their local external somatic images with appearance anxieties. Karen produced an image of a divided, conflicted body-self and associated this with anxiety about weight gain. Catherine described how her scanning for normality and abnormality led her to focus on her belly, and her genitals as “not normal.” She associated these somatic percepts with anxieties about her sexual identity and fears about perineal damage.

By contrast, Lauren’s post-birth body-directed attending culminated in an internal and global somatic image. She described a new “looseness” which carried both positive and negative emotional connotations for her and which she understood as part of a process of a renegotiation of her “physical base”. Lauren’s post-birth negative feelings about her body were concerned with her sexual identity and with post-birth trauma. She was not concerned with the weight and shape issues that characterize body image anxieties, and the sequence of her body-directed attending was towards global
identification with current body-self, like the majority of the women. This reinforces the specific connection in the data between somatic focus on local, external somatic images and concerns about appearance, especially weight and shape.

It is consistent with Objectification Theory (Fredrickson & Roberts, 1997) and related research, that body image anxieties were associated with the production of external somatic images; with body-self observed as though from outside. The data also suggest that it is not only individual images, but the sequencing of somatic images that may be important in the outcomes of body-directed attending. Where external, local somatic images concluded women’s body-directed attending sequences, body image distress was present for that woman (Catherine, Karen, Melissa). Also, these women did not reference the new functions and relationships of early mothering in their attending. Taken together, the data suggest that body-directed attending sequences culminating in external, local somatic images associated with body image anxieties may disrupt a directionality in most acts of body-directed attending towards a sense of relatively comfortable identification with current body-self integrated with customary, “normal” body, “just me”.

**Brief Summary: Body-Directed Attending Findings**

The findings provide some insight into the phenomenology, content, process, and purpose of body-directed attending, its role in pregnancy and post-birth, and its relationship to body image. Overall, the findings suggest that body-directed attending is an active, recurring part of everyday consciousness which generates specific cognitive content in somatic images and bottom-up meaning associations, and has impact on self-state and body image. The data suggest that body-directing attending may contribute to
the ongoing maintenance of health and identity, as well as serving to integrate somatic experience into sense of self and of world.

It appears that individuals are familiar with, and adept at, a basic process of intentional, internal body-directed attending which entails an attentional shift to somatic self, scanning, noting what arises, and making body-based meaning through comparisons and associations. The findings suggest that this process (intentional or triggered) is a normal part of consciousness, in which conscious body experience moves from a background awareness to a focal awareness and back again.

Some conceptual distinctions for defining the content of the conscious body experience generated in body-directed attending were developed from the data. The basic content of body-directed attending was found to be internal, external or postural somatic images which were either local or global. Internal, sensed, somatic images incorporated a sense of current body state in relation to events. External somatic images were mostly constructed visual images of appearance. An association was found between body image concerns and the use of external, visual somatic images.

The findings suggest that individuals’ frequency of, and purposes for, body-directed attending vary considerably. Individuals’ beliefs about their bodies, and their purposes for body-directed attending actively influence the kind of somatic images and associated meanings they derive from the process. By using body-directed attending individuals can change self-state for the better, reduce pain, tension and anxiety, discern their sensed relation to events, identify and control emotional responses, and monitor health. However, the findings suggest that body-directed attending can also reinforce body image concerns and anxieties.
In this sample, body-directed attending which moved from discrete, local somatic images experienced as somewhat independent from the attending self, to global somatic images experienced as integrated with self was associated with overall state of wellbeing, and/or with a sense of identification with “normal”/customary body. On the other hand, body-directed attending which culminated in external and local visual somatic images was associated with body image anxieties.

In addition, for most of the women, the birth of the baby brought with it a reorientation of body-directed attending away from an increased internal focus in pregnancy, and towards to an interpersonal and functional focus. The minority of women whose post-birth body-directed attending did not exhibit this shift associated their somatic images with body anxieties about appearance, post-birth damage and identity issues around sexual attractiveness. These findings are integrated with the narrative and phenomenological data in the section on body image adaptation in Chapter 6.
CHAPTER 6
RESULTS AND DISCUSSION: EMBODIED EXPERIENCE AND BODY IMAGE IN PREGNANCY AND POST-BIRTH

Introduction

The following findings are drawn from an analysis of women’s narratives about, and descriptions of, their embodied experiences in pregnancy and post-birth. First, overarching narrative and phenomenological meaning divisions that emerged from the data are introduced and defined. These major meaning constituents are temporal, narrative landmarks - customary, pregnancy and post-birth body, and phenomenological embodied dimensions - appearance, sensation and function.

In the second section, the dimensions of appearance, sensation and function are examined across the temporal narrative of the women’s experience of customary, pregnant and post-birth body, to give a situated, multidimensional view of the participants’ embodied experience. Findings are reported in relation to customary body, and then a situated structure of change in embodied focus from pregnant body to post-birth body is given. The situated structure was derived from commonalities in women’s accounts of their multidimensional embodied life in pregnancy and post-birth. It represents a central pattern or tendency in the data; an embodied momentum in the women’s experience of childbearing.

The final section reports findings relevant to women’s body image satisfaction, focusing on factors associated with negative and positive body images at post-birth. These findings integrate the body-directed attending findings and the narrative and
phenomenological findings to provide a top-down, conceptual, and bottom-up, experiential, perspective on body image adaptation in pregnancy and post-birth.

**Defining Concepts: Narrative Landmarks and Dimensions of Embodiment**

**Narrative Landmarks**

In line with the situated perspective of the research, the women’s narratives of pregnancy and post-birth were examined for overarching meaning constituents. The women were found to shape their accounts of their embodied life in pregnancy and post-birth around certain events or landmarks. These landmarks create a broad narrative or meta-story of pregnancy, birth and post-birth. The major landmarks in the meta-story are illustrated on a time line below in Figure 6.1.

**CUSTOMARY BODY**

**Discovering the Pregnancy** – first discovery, confirmation

**First trimester** – slowing down

**PREGNANT BODY** – signs of progress - symptoms, body changes – paying more attention to body-self

**Coming to Know the Baby** – baby’s movement, ultrasound imaging, relationship with baby

**Second trimester** - resurgence of energy, looking towards birth

**Birth Story**

**POST-BIRTH BODY** – reintegration, return to changed customary body

*Figure 6.1 Metastory: Embodied experience in pregnancy and post birth*
As Figure 6.1 shows, the women’s narratives were structured around specific events of pregnancy and post-birth. Accounts of embodied experience emerged at each stage. In line with the aims of the thesis, rather than recounting the content of every part of this chronological sequence, the narrative and phenomenological analysis was concentrated on those elements of the women’s narratives which mostly directly expressed their experiences of embodied life in pregnancy and post-birth. These elements have been organized and reported in three broad groupings - Customary Body, Pregnant Body and Post-birth body. Customary body refers to women’s accounts of remembered, multidimensional pre-pregnant “normal” body-self. Pregnant body refers to women’s accounts of their embodied experiences of pregnancy, and includes accounts of experiences (e.g., symptoms, sensing baby’s movement), as well as events (e.g., initial discovery, ultrasound). Post-birth body refers to accounts of embodied experiences after the birth and also includes experiences (e.g., rocking the baby, breastfeeding) and events (e.g., leaving hospital, first outing). The women themselves used these categories in structuring their accounts of their embodied experiences. The overarching narrative was a trajectory of change to each woman’s customary/ “normal” body in the creative project of pregnancy, and then recuperation and reintegration of her embodied life post-birth.

**Dimensions of Embodied Experience**

In line with the multidimensional approach taken to body-self in the research, the data were examined to discern the primary dimensions of embodied life that women used to describe their embodied experiences. Three dimensions emerged from the data as part of the phenomenological/narrative analysis – appearance, sensation and function. These dimensions represent meaning divisions inherent in the women’s own
descriptions of their lived experience and encompass a reasonably rounded account of their embodied experience. The women constructed these aspects of embodied experience as inextricably connected with identity and sense of self. Each dimension is here defined in terms of the data which gave rise to it, and the meaning and identity issues with which it was associated.

**Appearance** as defined in the data is one’s own view of, and feelings about, the way the body looks, particularly in terms of weight, shape and attractiveness. This is consistent with the way the body image construct is used in most contemporary research (e.g., Cash & Pruzinsky, 2002a). When considering their appearance, the women described their bodies as though from an external, predominantly visual perspective and referred to body surface and shape. They often made reference to other observers such as partners, friends, families and work-mates. Although other changes to appearance were mentioned, the women’s descriptions of, and narratives about, appearance in pregnancy and post-birth were overwhelmingly structured in relation to body image norms defining acceptable weight, shape and attractiveness.

The personal meaning and identity issues most directly linked to the appearance/body image dimension of body-self were self-esteem, attractiveness, progress of pregnancy, conflict between motherhood and sexuality, general emotional state, body shame and pride. Social norms related to the life span development event of entering motherhood also influenced the women’s meanings about appearance.

**Sensation**, as defined by the women in their descriptions and narratives, is perception of internal body-self as though from an inside, predominantly sensing perspective. When describing their sensate life, the participants attended to felt experience originating inside body-self. They described somatic images such as
sensations (e.g., lightness or “buzz” of energy from the baby), symptoms (e.g., nausea) and emotions (e.g., enjoyment). This dimension is the one most strongly linked to the body-directed attending data. In fact, much of the body-directed attending findings consist of a detailed description of the women’s processes and habits of consciously attending to their sensate life. Because of this, the body-directed attending clusters identified in Chapter 5 are, at times, referred to and integrated with the narrative/phenomenological data in discussion of the women’s experience of this dimension.

The aspects of personal meaning and identity most directly linked by women to the dimension of sensate life were health, sensed well-being, emotional self-understanding and control, and a basic sense of self-identity and continuity (feeling like “just me”).

**Function**, as defined in the data, is experience of body-in-action and/or interaction. It also encompasses beliefs about the meanings and functions of body-self. In the women’s narratives and descriptions, body-in-action tended to be body experienced as a functioning whole, with a focus on global internal body states and on the given action or interaction, rather than on local, specific somatic images.

The aspects of personal meaning most directly linked by women to the dimension of function were health, agency, body movement and communication. Function-related identity issues arose in relation to changes in daily actions and body-self functions. For example, the new body function and actions involved in breastfeeding had identity implications for women as sexual persons and as mothers.
The Dimensions Interconnected in Action

Women’s descriptions of their experience suggest that in everyday life, functional, sensory and appearance dimensions of embodied experience work in flux and interaction, coming in and out of focus in an individual’s consciousness according to psychological, physiological and environmental factors. In performing an action (function, doing) a person may sense her body-self (sensation, being) and be aware of her appearance doing it (appearance, appearing). However, although they are integrally related in action, the individual’s patterns of use, and attitudes to, these dimensions varied considerably, and there were systematic shifts in the women’s prioritizing of them across the trajectory of pregnancy and post-birth.

The next section reports on the dimensions of appearance, sensation and function as the women described them in relation to their customary, remembered, pre-pregnant body. The way the women constructed their customary body in relation to each dimension is described, and the range of customary body image satisfaction, relationships with sensation, and beliefs about the function of body-self in the sample are reported. The women’s use of the construct of “normal”, ‘just me” customary body-self is described and discussed.

Customary Body

“After thirty-three years of getting to know this body…the rules have changed.”

As Amy’s observation suggests, and the data reinforce, each woman entered pregnancy with many years of experience of her customary body-self. They described long-term beliefs about body-self, established day to day habits of body-self relations,
characteristic patterns of action and function, and ways of deriving meaning from sensate bodily life.

From each woman’s own, phenomenological, point of view, her pre-pregnancy, “normal” or customary body-self (which in this study was recalled retrospectively) included ideas about, and experiences of, her own appearance (body-self as she looks to others and recognize herself) her internal sensate life (sense of self - “feeling like me”) and her body as a functioning, agentic whole (body-self functioning as it usually does in her actions and interactions). Each woman had her own ways of experiencing, employing and prioritizing these dimensions in her own “normal”, “just me” body-self.

The women frequently referred to customary “normal” body-self in their narratives about pregnancy and post-birth. In pregnancy, they often invoked their remembered customary body as a measure of the change (movement away from customary body). Post-birth, the women used customary body as a marker for the progress of recuperation and reintegration (return to customary body). As they encountered and managed substantial changes to body-self across all three dimensions of embodied experience, customary body-self was a consistent point of comparison and reference.

**Customary Body - Appearance**

The way the women talked about their customary, long-term relationship with their appearance was primarily as “body image”. All of the women’s narratives contained a summary of their “body image” history. The women used the term “body image” to refer to their appearance, mostly their weight and shape and sense of their own attractiveness. They did not use this term to refer to sensate or functional dimensions of embodied experience. Almost without exception, the women’s narratives
contained a summary of their customary, pre-pregnant body image, and a body image status report at pregnancy and again at post-birth.

There was a range of customary body image satisfaction in the sample. Some of the women (Harriet, Lauren, Kim, Nicole, Shona & Christine) reported a high degree of long-term satisfaction with their weight, shape and appearance. For example, Harriet said

“I’ve never had any insecurities and stuff with body image. I’ve always been just the same; a high metabolism; I’ve always eaten whatever, stayed healthy looking, I suppose.”

Kim said that she had always been “thin, spunky, toned, fit” and Nicole reported that she had “always been relatively content with my body”. These women described their bodies as fitting in with current social rules about acceptable women’s bodies. They described little or no experience of challenges to their positive view of their appearance, weight and shape. Insofar as pregnancy involved getting bigger, it was probably the first time these women had experienced their bodies as potentially contravening social norms about slimness.

Four women (Rebecca, Neva, Amy, Debbie) described a medium (neither particularly high or low) level of long-term body satisfaction. These women reported less overall investment in body appearance as a component of identity, and lower aspirations in relation to body image. Debbie reported

“I’ve never really had a positive body image where I can go down the beach in my bikinis, or a very negative body image. I’ve never really had…I never really thought much about it much. It’s not been an issue to me before…I’ve just gone, well this is what I’ve got and you know, that’s just the way it is.”
For two of these women, this relatively accepting approach to body image issues developed from experience of coping with their bodies deviating from social norms in the past. Rebecca said simply:

“I’m not a stick anyway so I’m not expecting to go through this like a stick”.

Three of the women (Catherine, Karen & Caroline) reported a long-term high degree of dissatisfaction with body weight and shape which had caused them distress. For Catherine and Karen this dissatisfaction, and related struggles with disordered eating, had been ongoing since adolescence. Caroline reported that after feeling unhappy with her size and shape throughout her twenties, she had felt “very comfortable” with her body for some time, as she “matured.” For Caroline, pregnancy revived “echoes of those kind of stupid images” and she reported having “difficult body image moments”.

**Customary Body – Sensation**

As part of their narratives, most of the participants described long-term beliefs about their internal bodily experience, beliefs about the usefulness (or not) of internal body awareness, and associated practices of body awareness. As was described in Chapter 5, there was quite a range in attitudes to internal sensory experience.

Some of the women, (Shona, Christine, Kim, Lauren, Nicole & Amy), described themselves as highly “tuned in” or “connected” to their internal bodily life. For them, attentiveness to internal body-self was part of self-identity. For three of them, maintaining health and wellbeing, and achieving understanding of emotions were the main reasons for their ongoing commitment to body awareness. The other three had long-term commitments to particular body practices at a professional level (e.g., professional dance or body therapy). For these three, their internal bodily life was a
central life focus, as a source of creative work and as a focus of self-development. All six aimed to promote their wellbeing and emotional self-knowledge through strategic use of body awareness. In terms of body-directed attending, these women belonged to the Agentic cluster, and employed conscious body-directed attending purposefully and often.

Another group (Caroline, Harriet & Neva) did not tend to enunciate long-term beliefs about internal sensory awareness, but their narratives showed that they attended to their internal body life (often purposefully and with relish) in action and interaction. They did not habitually invoke detailed internal body awareness, nor did they habitually avoid or minimize body awareness as it arose. They experienced and utilized their internal body experience most strongly as they performed actions and related to other people. Thus, these women provided vivid descriptions of aspects of their pregnant and post-birth bodily experience – their bodies in meaningful action. Their style of body-directed attending was Action/Function.

The remaining women (Catherine, Karen, Rebecca & Debbie) took a less positive and agentic view of internal bodily awareness. Catherine and Karen both regarded internal body awareness as often aversive. Catherine saw no real purposes for attention to internal body experience; no “need to be aware” when she was well and healthy. She described herself as “prudish” and she reported that many internal body processes felt out-of-control and shameful to her. Karen reported that she enjoyed awareness of her body sensations when she felt her body to be in control, say in tap dancing, but much of the time she experienced her body as

“not really the enemy, but not a friend. A sense of needing to master my body has still been there to some degree. A dissatisfaction with the relationship.”
In their narratives and descriptions, Catherine and Karen paid most of their somatic attention to the surfaces of their bodies, to weight and shape, and to interpersonal cues. Debbie and Rebecca also regarded consciously invoked internal body awareness as unimportant. For these women it was not aversive, but it had no substantive function for them. These four women belonged to the Symptom Perception cluster. They rarely intentionally pay attention to their bodies in everyday life. Most of their body-attending is triggered by strong sensation.

**Customary Body - Function**

Evident in each participant’s narrative was an orientation to her customary body as a functioning, active and interactive entity. The women’s beliefs about the meanings and functions of body-self fell into three broad divisions. Some of the women (Catherine, Debbie, Rebecca & Karen) took an orientation to functional body-self primarily as a mechanism for physiological function. Some (Harriet, Kim, Nicole, Neva & Caroline) took an optimal health approach, including physiological aspects but also focusing on optimal psychophysical health. Another group (Shona, Christine, Lauren & Amy) took an orientation to functional body-self which included physiological function and optimal health, but also regarded body-self as the locus of meaningful personal process and growth.

Catherine and Karen’s approach to “normal” functioning involved maintaining basic health, weight control and sexual relationship. For these women, as long as these aspects were in reasonable shape, they could pay minimal attention to their bodies. However, because of their weight concerns, strict exercise was necessary to keep this balance. Rebecca and Debbie took an action approach to their embodied experience. Rebecca said ‘I’m a doer…an active on the go person”. Debbie described herself as an
active person who likes being busy. For these women, body-in-action was their primary and preferred way of experiencing embodied life and body awareness was largely an incidental corollary to this.

Amy, Nicole, Kim and Harriet aimed for optimal function and health. These women took a pragmatic and proactive approach to health and engaged in body work such as yoga, acupuncture, naturopathy and various forms of exercise. They were also skilled in the use of simple remedies such as heat and relaxation. These women regarded emotional and physical health as inherently linked. They all took the view that emotions are carried in body-self and influence body-self state and ongoing health. They all saw maintaining their psychophysical health as part of their personal responsibility, and engaged in activities which supported them in this.

Shona, Christine and Lauren and Caroline also took a psychophysical approach to maintaining wellbeing. Their long-term active involvement in disciplines such as Alexander Technique, Pilates and dance were central to their lives. They also valued the experiential dimensions of body-in-action, but unlike Rebecca and Debbie, these women aim for a highly consciously aware, reflective body-in-action.

Another aspect of functional body-in-action emerged as important in the data. This was body-self as inherently interpersonal/social. For example, when Neva (and to varying degrees other participants as well) described her experience of body-self, it was very often in interpersonal or social interaction. In her narrative of early pregnancy, telling people, people noticing, and interactions figured very strongly. She was much concerned (as were other participants) with how and when she could share the baby’s movement with her partner. This interpersonal focus on body-in-action emerged in the
data as an individual difference in the women’s body-self relations, and as a salient aspect of body-self relations in pregnancy and post-birth.

**Customary Body as a Somatic Reference Point**

Consistent with the findings of Marshall (1995) and Young (2005) the women used the concept of “normal” or customary body as a consistent reference point in their descriptions of their embodied experience in pregnancy and post-birth. A new finding was that the women applied the concept of “normal” or customary body-self across a number of dimensions - to their appearance, their internal sensate life, and to their functional body, and at post-birth as well as in pregnancy. The current study also extends previous understandings of the nature of the concept of customary body by observing that women also invoked this somatic reference point in their acts of body-directed attending, using an experiential, bottom-up route. Women’s acts of body-directed attending often involved comparisons with customary body-self and often culminated in a global somatic image and an affirmation of “normal”, customary body. This global somatic image was frequently associated with a sense of wellbeing.

Taken together, the data suggest that customary body might be understood as a multidimensional amalgam of stored somatic images/states (somatic markers), established beliefs about body-self, and habitual modes of body-in-action, which combine in a phenomenological experience of “normal” body-self, or “just me”. This recurrent sense of “normal” body-self has both top-down and bottom-up referents. Women often associated their experience of “normal” body-self with a global sense of wellbeing, despite local discomforts. The research supports the phenomenological importance of “normal” or customary body-self as a multidimensional somatic
reference point and as a source of individual sense of continuity and identity in pregnancy and post-birth.

Pregnancy and post-birth life brought substantial change to each dimension of “normal” or customary body-self. The next section reports on systemic shifts in the participants’ relationships with the dimensions of sensation, function and appearance as they encountered the series of new embodied experiences involved in childbearing.

**Pregnant Body and Post-Birth Body: Shifts in Embodied Experience**

Drawing on detailed individual phenomenological profiles of each woman’s embodied experiences in pregnancy and post-birth, a situated structure of change in multidimensional embodied focus from pregnant to post-birth body was developed which summarizes shared aspects of the women’s lived experiences. The situated structure is presented, and systematic shifts in the women’s prioritizing of the dimensions of sensation, function and appearance are identified. Some individual differences and exceptions to the general pattern are also reviewed.

**A Situated Structure of Embodied Experience in Pregnancy and Post-Birth**

For the women in this study, childbearing was a time of heightened involvement with body-self. This encounter was characterized by a movement of somatic focus inwards towards increased attention to internal sensate life in pregnancy, and a subsequent movement outwards towards the functioning body in action and interpersonal communication at post-birth. This generalized shift has already been described from a moment-by-moment experiential perspective in the body-directed attending results. The individual narratives and phenomenological descriptions reinforce and contextualize those findings.
The following sections describe the shifts of somatic focus inwards towards increased attention to internal sensate life in pregnancy, and outwards towards the functioning body in action and interpersonal communication at post-birth. Women’s experience of the dimension of appearance is considered in the light of this shift.

**The Sensory Shift: Increased Focus in Pregnancy**

The participants reported that they paid increased attention in pregnancy to their internal sensory life for two main reasons - to sense and connect with their babies, and to monitor changes, symptoms and new sensations.

**Coming To Meet with the Baby**

The paradigmatic new sensation of pregnancy for women was feeling the baby move inside them. The women, without exception, sought out and welcomed the sensation of their baby’s movement. In their narratives, they searched for words to describe this novel, sometimes strange sensation. For Harriet it was like “big, big hiccups in my stomach”. Amy described “little feet tap dancing on your belly”. Caroline noted “a kind of gurgling” and Neva “a little pop”. Shona described changes in sensation from the “first flutters” to the “big, spooky kerfloop rollover”. Debbie described early feelings of “something flicking” and later “that rolling around, bits out everywhere sort of thing, lumps and all sorts of things”.

Debbie described how the baby’s movement drew her attention inward in a new way:

“I could feel lots of movement quite low down, more like something **flicking me inside** quite often…It’s a nice **feeling** though, feeling it move inside you…It’s something you can’t explain really to anyone who hasn’t felt it before because it’s like **something inside**. It’s really hard to explain… It’s unusual.”
Shona enjoyed the “strong and clear” internal signals of her baby’s movement arising and “igniting my awareness”. For Shona the baby’s movement was an enjoyable “articulation internally” that came from elsewhere, from “out of left field”. Rebecca too enjoyed feeling the baby’s movement, and like the other women, went about invoking it in a purposeful way, as well as noting it when it triggered her attention.

“I think almost every morning and at night in bed I’ll lie there for a few minutes just to check in. (laughs) Make sure we’ve got movement.”

The women interpreted the baby’s movement as a reassuring internal signal that the baby was healthy, and most experienced it as an opportunity for interaction with the baby. Nicole described her response to her baby’s movement.

“It’s another affirmation that it’s there. It’s alive. It’s growing. It’s real. And it is very emotional as well. I still get emotional. It brings on a lot of emotions when it’s very busy because I start to think of this little being in there and it’s got its own personality already and its already doing things.”

Feeling her baby move gave Christine a sense of close connection with her baby. She said “It’s so close. ..I feel like we can feel each other”. Amy also described a feeling of attunement. She said “I am in tune with my body and my baby”.

The baby’s movement as a signal of health status was also a focus of anxiety at times. Caroline reported that she became very anxious when she could not feel her twin babies kicking at twenty weeks as the books suggested she might. Catherine too was “looking out” for her baby’s movement, felt it later than the books predicted, and had to contain her anxiety about that. Throughout pregnancy, the women attended inwardly to monitor the baby’s health through the internally sensed movement.
The women’s accounts of the developing relationship with the baby in utero, demonstrate that the mother-baby relationship is embedded in organically changing internal embodied experience. Harriet gave a commentary on the organically changing nature of her relationship with her baby based in the changing sensations of the baby’s movement throughout the pregnancy. She reported that at first she sensed the movement “more at morning and night” – when she was “in a calm state”. Then it became “a more regular thing…more explicit and continuous” and Harriet “began to talk to it…How are you going?”. As the baby’s movement became stronger and more frequent, Harriet’s sense of its independent life and her relationship with it grew. “It’s more of an ongoing relationship…more of an ongoing physical relationship…a little bit more interactive…more explicitly interactive…you don’t ignore it”. As the baby increasingly made its presence felt, quite literally, for Harriet this also opened up the baby to the social world “Look the baby’s moving. Want to have a feel?”. For Harriet this was “joyful, for sure”. As the baby’s movement became more compelling and evident, Harriet felt “the baby's always there with you” and ‘its closer to coming out’.

In Harriet’s account, shifts in her embodied experience of the growing baby were integrally associated with shifts in her interpersonal relationship with her baby. The sequence of embodied changes created a psychophysical momentum for the development of the mother-baby relationship.

Each woman negotiated her own way through a somewhat similar sequence of embodied and interpersonal events. For these women, increased attention to their internal sensory life was an integral and formative part of being pregnant, and of developing a relationship with the baby to come. The sensations of the baby’s
movement provided a compelling new internal somatic focus which drew the women’s attention inward again and again throughout pregnancy.

**Symptoms**

The other major focii of internal sensory interest for the women in pregnancy were the many, hourly, daily, weekly changes and symptoms that drew their attention and at times, active response. The women attended inwardly to monitor and manage symptoms. For instance, Neva described attending to body signals to “work out what’s normal or what’s not normal” and to act to alleviate symptoms, "…like cramps… I’m not going to intellectualize it, I need to get some magnesium so I can stop the pain”.

The tendency to attend inwardly to symptoms was particularly marked for many of the women in the first trimester, due to fatigue and nausea. Several noted what Lauren described as a “natural instinct to curl away and rest”. Several also reported that they needed to slow down, and reduce social contact in order to manage their symptoms. Rebecca allowed herself to slow down which for her was “a real change”. Kim reported that

“It just made me really surrender to the fact that I couldn’t do what I would normally do… it made me really go in and sleep a lot and meditate a lot and just be with myself.”

Caroline described her nausea over the first four months of her pregnancy as “depressing”. She “couldn’t stand being close to people”, had to stop exercising, and had little social life. Like most of the women, further along in her pregnancy Caroline felt much better, “great”. Women’s initial “slowing down” afforded them time for more internal attending to, and coping with, symptoms.
As well as managing their own symptoms, several of the women used their capacity to attend internally to monitor their body-self states in order to engender what they judged to be an optimal internal environment for the baby. For instance, Christine believed that she should create the best possible environment for her baby in utero. For her this meant as little as possible exposure to environmental toxins and to negative emotions and images. She said

“I like to imagine that its quite a sacred space in there. And that I’m responsible for what it receives and what it feels…my feelings and images go straight through to the baby.”

In a similar vein, at discovery of her pregnancy, Kim “instantly changed what I put into my body”. She regarded it as part of her responsibility to “just be really aware of what I put in my body”. This desire to monitor and control their internal somatic milieu was another reason that women increased their internal somatic focus in pregnancy.

**Changes and New Sensations**

Some of the women noted that pregnancy brought new experiences of body-self. For example, Nicole reported that when she was busy and attending to other things, her pregnancy was simply “a belly ..and moving around with it…its just you”. But when the baby’s movement triggered her somatic awareness, it brought “realization, or the reminder that its not just you.” Thus, for Nicole, the sensation of her baby moving brought a renewed sense of the surprise of her body containing, or being, two persons. Debbie struggled to put into words her experience of this experiential paradox; that the baby was other and yet part of herself.
“It’s like having an alien thing inside you. It’s nice. I love having this tummy ... and having it move, but it is like having something foreign moving about, that you don’t really have any control over ... Yes strange but nice strange. It’s hard to explain... Not that I want to control it as such, but its something that, yeah its something else, it’s a separate thing but it’s a part of you.”

The women’s experience of this paradox seems to challenge the simple day-to-day experiential equation of one self equals one body which is a basic underpinning of selfhood. The baby’s movement brought the baby’s independent life into focus and for some of the women this was “foreign” and “strange” (yet welcome) because the baby was not them and yet was contained within them.

For many, the experience of the baby within also prompted a sense of the private and privileged nature of their internal somatic sensations. Almost all the women reported a strong desire to share the baby’s first movements straight away with their partners. This desire often brought a realization of their own privileged access to the baby through internal somatic sensation. Neva reported:

“I mean my partner was able to feel it a few times...But I feel sometimes that he misses out ... I get to have all of it because its in me...all the things, you know the kicking and...I get to go through all of it. He does get part of the excitement as well. But its in me.”

Debbie, too, remarked on the privacy of the sensation “its strange, you’d feel it but no one else knows that you’re feeling that and you think oh, that’s really nice, but no one else knows what’s going on. You find yourself just smiling to yourself.”

The women reported that pregnancy brought with it experiences of embodied self as strangely altered; both self and not-self. It also brought a heightened sense of the
privileged access to the internal sensate dimensions of body-self. The patterns described here of increased somatic focus on internal sensate life in pregnancy apply across the sample. For all of the women, the baby moving within was an important focus and a meaningful experience. All attended to their bodies to monitor symptoms and changes. Most noted novel experiences of body-self and new sensations. The shift to increased somatic focus on internal sensate life seems to be part of the embodied momentum of pregnancy.

However, each woman negotiated that shift in her own way. The next section considers some differences in the women’s responses to the shift towards increased focus on sensation in pregnancy with reference to the body-directed attending clusters identified in Chapter 5 (p.122).

*Individual Differences in Relation to Sensory Experience in Pregnancy*

Although all of the women experienced increased internal somatic attending in pregnancy, they did not respond in the same way to this phenomenon. For instance, Harriet and Catherine reported contrasting reactions to increased awareness of body. Harriet described pregnant body awareness for her as having “*an ongoing, centering aspect*”. She reported that sometimes, pre-pregnancy, she had felt “*too much in my head*” or that “*I’ve lost my centre*”. She said that since becoming pregnant, particularly since her baby had begun moving more and its presence had become vivid for her, she felt more linked to her “*centre*”. “*It’s such a central experience…it keeps you focused on a very stable sort of level, so you don’t go off with the fairies*”. Harriet valued the impact of the shift towards increased sensate experience on her overall body-self state.

For Catherine, by contrast, the increased attending to her body, and the body changes themselves were mostly aversive and distasteful. Like all the other participants
she enjoyed feeling her baby move, but in her narratives about pregnancy, sensory experiences and appearance dimensions were entwined, and both were often disagreeable, even humiliating. Of pregnancy Catherine remarked “The thing that strikes me is how much of this is really gross”. She said that her stomach had “a really alien feeling” and looking at it in the mirror it looked “so gross”. For Catherine there were a lot of “personally embarrassing” things about the experience of pregnancy. She described the whole process as “bizarre”.

Catherine’s and Harriet’s markedly different responses to increased internal somatic awareness in pregnancy were consistent with their customary styles of attending to sensory somatic experience as profiled in the body-directed attending style clusters. Harriet (Action/Interaction cluster) invokes conscious body attending fairly often, mostly in action and/or in relation to others. She is most aware of her body in action, and she tends to use global somatic images. Consistent with this orientation, Harriet described the impact of increased sensory awareness on her as a process in which her internally sensed interaction with her baby induced a global somatic sense of “centre”.

Catherine (Symptom Perception cluster) rarely intentionally pays attention to her body. Most of her conscious body-attending is triggered by strong sensation. She interprets her embodied experience mainly in terms of deviation from normal. Internal body awareness may be aversive for her, in that “normal” equals no symptoms and no conscious body awareness. In line with this orientation, Catherine experienced the increased internal somatic focus in pregnancy as aversive; as revealing “gross” aspects of embodied life.
Participants’ styles of body-directed attending were also evident, in action, in other aspects of their responses to the events of pregnancy. For example, women from the Agentic cluster (who attend to their bodies often and purposefully) were more likely than those from other clusters to value new sensory dimensions of experience as personally meaningful aspects of their experience of pregnancy, and their identity. In her customary body-self, Christine (Agentic cluster) valued sensations of lightness, agility and strength. She missed this sense of her body-self as she changed in pregnancy, but she also enjoyed the novel sensation of weight as a new psychophysical experience, a new way of being in her self. She said

“I’ve liked the weight in my feet. I’ve…enjoyed feeling that groundedness”.

Not surprisingly, given the relatively high degree of value women from the Agentic cluster attributed to internal sensory experience, for most of those women the primary conduit for coming to know their babies was through internal sensing and feeling. Four out of six of these women chose not to have the routine early pregnancy ultrasound on the basis that it was unnecessary, possibly invasive for the baby, and because they valued their own capacity to connect with the baby through internal sensing.

Women from the Symptom Perception cluster, on the other hand, tended to value the ultrasound scan highly as way of connecting to the baby. Their descriptions of pregnancy suggest that, consistent with their habitual pattern of minimal body-directed attending, they attended less to internal feelings and sensory cues from the pregnancy and baby, and consequently valued the visual information from the ultrasound more. Rebecca (Symptom Perception cluster) said
“until we saw that first ultrasound I wasn’t even 100% convinced I was pregnant. It felt a little bit too abstract.”

From the moment of finding that her test result was positive and through the first three months, Catherine experienced her pregnancy as “a little bit unreal…actually a lot unreal”. Although she had “emotional ups and downs”, she felt no “emotional connection with what was happening” and no “feelings towards the foetus as such” until her first ultrasound scan. She said “I knew intellectually I was pregnant. I had all these symptoms but I didn’t feel anything”. For Catherine, the ultrasound was the first time she really connected with the reality of her pregnancy. She said

“even at that stage I still found it all very surreal and you can’t feel anything. You know it’s there but you can’t really visualize. It doesn’t matter how much you look at the books and see the length…to see it sort of in utero… was really lovely.”

Women from the Action/Interaction cluster took a lively interest in their new sensations mainly insofar as they provided indications about the progress of the pregnancy and their health, and the life and health of the baby. They prioritized “feel” over visual means of connecting with their babies, and their somatic images tend to be whole body/ global. For example, Caroline (Action/Interaction cluster) reported a vivid global internal image of her babies - “a buzzing”, “a particular energy” which she interpreted as the energy of her babies.

That their customary styles of body-directed attending bore evident relationship to the women’s processing of internal sensory experience in action; in pregnancy, suggests that body-directed attending style may be a consistent and influential feature of body-self relations. Notwithstanding, whatever women’s particular approach to body-
directed attending, the shift to increased focus on internal sensory dimensions of embodied experience was a consistent finding across the data.

The next section outlines the other major shift - to increased interpersonal and functional focus post-birth. Both shifts are then discussed in relation to literature.

**The Post-Birth Shift Outward to Function and Interaction**

There was evidence in the body-directed attending data of a post-birth shift in somatic attention away from the internal focus of pregnancy (the baby inside), to a more functional and interpersonal orientation (baby outside). These data revealed a focus on a new embodied relation with the baby (often sensed as an extension externally of the mother’s body) and on the actions and functions of mothering (e.g., holding, rocking, feeding). The narrative and phenomenological data reinforce and contextualize these findings.

The following sections present women’s descriptions of decreased internal, sensory somatic focus and increased interpersonal and functional somatic focus at post-birth. Data are presented that suggest that many women recontextualized their appearance concerns in the light of this overall shift.

**Decreased Sensory Focus At Post-Birth**

The post-birth data provide evidence of a generalized shift in the women’s somatic focus away from the increased internal sensory awareness of pregnancy. For example, Shona noted that it was not possible, given her new priorities, to be as “in tune” with her body, as focused on body awareness and wellbeing, as she had been in the past. While in an ideal world she’d “like to have it all” she said
“I was ready for something else. I mean I’d love to have it all. But I’d much rather have this, meaning the baby and everything that comes with that and feel this way—a bit under the weather physically.”

Nicole, Caroline, Christine, Harriet, Neva, Rebecca and Debbie also all talked about having reduced time and energy for internal somatic focus and self-care in a life with new priorities. Nicole reported that she could no longer attend in as much detail to her body’s signals about stress and wellbeing. Christine noted that although her embodied life had always been her first priority, at post-birth, this was no longer so. She said “I can’t just go and do what I want to when I need to”. Neva also noted that meeting her baby’s needs was her first priority, and that she had reduced capacity to note and meet her own needs.

This shift didn’t mean that the women no longer valued and processed their internal sensory experience. Many reported new and valued post-birth internal sensory experiences – such as increased core strength, powerful emotional feelings, and pleasure in regaining their own body for themselves, as well as symptoms, including fatigue and post-birth recuperation. They often understood these internal sensory experiences, however, in relation to the new functions and relationships of mothering. For example, Amy observed

“I really like having my body back. But the problem is that I am so busy being Mum that I can’t do anything about it.”

For most of the women, the increased focus on internal sensory life that was part of the embodied momentum of pregnancy changed with the baby’s birth, as their somatic focus followed the baby out, into the world, and into their new priorities, functions and roles as mothers.
Interpersonal Relation in Post-Birth Embodied Experience

The data indicate that at post-birth, the women’s focus on the interpersonal dimensions of embodied life was heightened as they developed a relationship with the new baby. Caroline gave a vivid description of her experience of this shift towards an embodied interpersonal, mothering orientation.

“…there’s a very subtle shift in my body in terms of being a mother… And it catches me unawares, that sense that my body is a mother’s body now and not a single person’s.”

For Caroline, what made her “mother’s body” different from “a single person’s body” is “a sense of the amount of love that you give out.”

“I’ve got two spunky little babies who I…who I love. And just that pouring out, that giving of love to two more people is extraordinary. And its there in the single person’s body but being able to let it flow out now as a mother is extraordinary.”

Caroline described her connection with her babies as a psychophysical flow which changed her experience of her body and her identity, and gave her a new sense of confidence. She described her experience of this change as deriving not primarily from top-down, cognitively based changes to her self-image, but as arising as she paid attention to her body-self in action. She related:

“I was just walking out to the car with them to put them into the car and just the way I was walking out with them just felt very different a sense of pride in …a pride of carrying them and…a very different sense of body.”

Clearly, Caroline’s body-self relationship was altered in the direction of increased focus on body-in-relationship; on interpersonal communication. She
characterized this shift as a “pouring out”, a “flow out”. Amy too, spoke of her embodied relation with her baby as “a flow.” She said “…as a Mum that’s all you can do… go with the flow.” In a similar vein, Karen spoke of her baby as “a natural extension of myself”. She said

“I love cuddling her. And I have a sense when I’m cuddling her of her as a natural extension of myself. If I go out without her while I enjoy it for an hour or so then I miss her. The contact of her is so nice.”

Lauren observed that her whole physicality was being renegotiated with the baby, now outside her body. She said

“…carrying her, everything…balance …everything is renegotiated isn’t it?…because you’ve got an appendage.”

Post-birth, women often described their babies as an extension of their own bodies – a kind of enlargement of body-self to include the baby in external space. This was intrinsically related to the actions and interpersonal focus of mothering in the new relationship with the baby, now outside the mother’s body. The women also described their body-selves in terms of their functional capacity for the work of mothering, and in active engagement with the baby.

**Function in Post-Birth Embodied Experience**

The aspect of embodied function with which the women were most concerned was the experience of breastfeeding. Harriet described her evolving relationship with her baby as integrally related to the establishment of the breastfeeding function. She related:

“There’s a little bit of chaos around in the breastfeeding side of things. Then suddenly you have a good day and he’s fed well and he’s slept and suddenly the
first moment of having some kind of rhythm, almost like the moment of having some kind of relationship where you understood…a moment of understanding each other… really lovely.”

Harriet experienced her developing relationship with her baby embedded in detailed awareness of physical functions and rhythms. She expressed her focus on, and pleasure in the new functions and meanings of her body:

And even in the earlier weeks just lying in bed and my milk would...like I’ve had big fountains…and just the joy and the amazement in that. And its real experience in the body isn’t it? It’s a very physical, very raw experience. Yeah, experiencing the body and what really it was made for. And feeling that we were made for this. Yeah, in a good way.”

Overall, the women’s narrative and phenomenological descriptions indicate that the shift outwards to more functional and interpersonal embodied focus at post-birth is an outflow of the relationship, work and functions of early mothering. The following section reports on the women’s experience of their appearance, attractiveness and sexuality in the context of this post-birth embodied momentum towards function and interpersonal relationship.

**Appearance and Sexuality Concerns Re-Contextualized**

Several of the women expressed conflicted feelings about the shift to a more functional perspective on their breasts. For example, Nicole reported that in the past her relationship with her breasts was founded more on “pleasure than function” and she was having difficulty:

“viewing your body as something that can provide pleasure and at the same time knowing that its also just serving a biological, natural function which is an
amazing, complicated process but its very simple. It’s there to nurture and to feed your young. In that sense I’m still trying to weld together the feeling sexy and feeling like a mother (laughs). So at the moment I must say I feel in my body more like a mother than I do as a young woman who potentially could be sexy or whatever.”

Amy took a humorous approach to the same shift to function, and the same conflict. She observed:

“Yes, well, my breasts have taken on a whole new dimension. (laughs). Which is lovely. I’m really enjoying the breastfeeding. And I like having bigger bosoms. Except they’re not very…As my partner says they’re not fun bags at the moment they’re feed bags. (laughs).

Harriet’s description of her post-birth body-self relations suggests that although she also experienced this conflict between sexuality and maternity, she was able to use her appreciation for the function of, and enjoyment of the sensations of, breastfeeding to help manage this conflict.

“Since giving birth I feel much more like a woman. OK… When the milk started happening I just loved it. I just loved just the whole thing. I just felt like my body was a woman’s body. Like this is what a woman’s body means. To open up, to drip. More flesh, more of everything. I just felt, yeah, more womanly… it’s a different kind of womanly, its real…..See I always used to think ( it must be the way my Dad perceives mothers or whatever) I always used to perceive Mums as, not unsexy, but just that maternal…not that I used to see them like that personally but I used to see society looking at them that way. Just whole old image of role, that old apron and therefore you’ll lose your sex appeal or
whatever. But since becoming a mother I feel more sexy than ever. Just because its so raw and so real and so...milky and voluptuous, its the whole thing and of course my partner supports all that which helps...Yeah. So its in a good way.”

Harriet negotiated a threat to her sense of herself as a sexual person presented by social stereotypes which split sexuality and maternity, by integrating her current sensory and functional experience of her body-self with her sexuality. She felt “more sexy than ever” in the “raw and real” experience of breastfeeding and mothering. Harriet felt more “like a woman” because she redefined “what a woman’s body means” in the light of the life event she was moving through – the transition to motherhood.

This general capacity – to recontextualize personal meanings about sexual sense of self, attractiveness and body image in the light of the new priorities; the “bigger picture” as Harriet called it, emerged in the data as an important tool in coping with appearance concerns at post-birth. Debbie demonstrated this capacity in her assessment of her post-birth body

“I’m happy with it. I’m happy with the way it feels and ...sort of happy with the way it looks, but that’s just... I’ve only just had a baby (laughs), its not a big deal. I’m not too focussed on that. There’s plenty of time to like physically get it back to what it was. But no it feels good.”

Debbie noted some body image concerns. She put these into perspective by reminding herself of the function of her body in birthgiving, of the internal sensory aspect (“the way it feels) and that she had lots of time. She was able to judge that overall “it feels good”.

In a similar mode, Nicole observed about her extra weight post-birth:
“It doesn’t bother me, because I’m really not really worried about my body size at the moment. I mean I’m happy with the way its going in terms of recuperating and progressing back to what it was.”

Nicole assessed her weight in relation to a broader picture – a process of post-birth recuperation, and gave herself some time and distance from her body image concerns.

Neva, too, contextualized her post-birth body image concerns in the “bigger picture” of her new priorities:

“I think the body’s pretty much back to normal now. I certainly feel it. I feel fine… And I figure if the worst thing is that I just can’t rid of all the spare tyre, that’s fine. I’m actually happy with that. I’ll get past that. I just…it’s just sort of not a priority any more…But at the same time I still want to be as healthy as I can and try be fit to try and keep up with him. But now my priority is making sure that he’s well and he’s getting all his needs met.”

Like Nicole and Debbie, Neva was able to “feel fine” about her post-birth body, despite added weight. In making this encapsulation about her body image satisfaction, Neva attended to functional and sensory dimensions as well as appearance dimensions, and invoked her new post-birth priorities.

Neva’s account of her body image history reveals another layer of meaning which she used to negotiate the body image challenges of pregnancy and post-birth. She reported that she had “no issues” with body image as she grew up because she was “really, really thin” till she was a young adult. Then “all of a sudden I started to fill out a bit more”. Neva was concerned and upset at these changes. She related that her mother “sort of turned it into a positive for me” by relating it to Neva’s “turning into a woman now…getting you ready for later in life and hopefully motherhood”. Her partner
also helped by accepting the changes easily. Neva says “And then I realized it was me becoming more of a woman. No more little girl anymore or a teenager. It was time to grow up and take a step forward”. This experience of understanding and accepting body changes as a corollary of meaningful life-span development clearly informed Neva’s reaction to the changes of pregnancy. She said

“And I think that’s the same now. Like now I am seeing the changes. None of it’s freaked me out. Just sort of looking at it and thinking OK it’s the next bit.”

The women’s accounts suggest that the capacity to position post-birth body image concerns in the “bigger picture” of the post-birth shift towards the embodied dimensions of function and interpersonal relation, and the new priorities of early mothering, may be helpful in negotiating post-birth challenges to body image and sexual sense of self. More generally, the data suggest that a multidimensional approach to body-self (including functional and sensory dimensions along with appearance) may be strategic in respect of managing body image concerns. The other element that emerges from the data as useful in managing body image concerns is a life-span development and change perspective on appearance. These findings are further explored in the section on women’s adaptation to the body image challenge of pregnancy and post-birth (p.192).

**Discussion of Shifts in Embodied Focus in Pregnancy and Post-Birth**

The finding that pregnancy represented a time of heightened awareness of embodied experience is consistent with the findings of a small body of qualitative studies that have examined women’s phenomenological experience in pregnancy (e.g., Weiss, 1999; Bailey, 2001). More specifically, the finding of a shift to increased awareness of internal sensate experience in pregnancy is consistent with the finding of
Young (2005) that pregnancy involves increased awareness of the body-self as a source of sensory interest, and as a site of change.

The present research also aligns with Johnson, Burrows and Williamson’s (2004) finding that perceptual changes and new internal sensations were a personally meaningful part of women’s embodied experience in pregnancy. Specific aspects of pregnant sensate experience suggested by previous studies were also evident, in particular, the baby’s movement (Bailey, 2001), an increased sense of groundedness (Marshall, 1999), and the experiential paradox of pregnant body as self, yet not self (Young, 2005).

The present thesis contributes grounded data about the phenomenology of embodied experience to the findings of a small number of previous studies. It extends previous findings by examining women’s own purposes and meanings for shifts in somatic focus, and by exploring individual differences in women’s response to, and use of, increased internal sensory attending in pregnancy.

All of the women utilized their somatic focus consciously and to their own ends in pregnancy. However, their customary frequency of, beliefs about, and experiential approaches to, body-directed attending had an impact on their responses to internal sensory experience in pregnancy. Those women who attended more frequently and purposefully were more likely to construct positive meanings from their internal, sensory experience, and to value it. That customary styles of body-directed attending bore evident relationship to the women’s processing of internal sensory experience in action; in pregnancy, suggests that women’s body-directed attending styles may be a consistent and influential feature of their body-self relations.
The pattern found in the post-birth data of a shift in somatic focus towards the body-self as functional and interactive is consistent with the findings of Heinberg and Guarda (2002), who reviewed the quantitative literature on body image and childbearing, and those of Bailey (2001), who researched women’s embodied experience in pregnancy and post-birth. In line with their findings, the research found that post-birth, the women’s embodied experience was more orientated towards body as a form of communication, and that they prioritized body function more highly in their overall somatic experience.

That many of the women were able to use this shift to re-value their appearance concerns, and to support their efforts to manage challenges to body image and sense of sexual self is also consistent with the findings of Heinberg and Guarda (2002), Bailey (2001), and Johnson, Burrows and Williamson (2004). Taken together with these studies, the present findings support the view that many (but not all) women are able to utilize the embodied momentum at post-birth towards relationship and function, to make a shift in the priorities, motivations and experiences that underlie their appearance concerns.

The evidence of a possible link between successful management of body image concerns at post-birth and a shift to increased somatic focus on function is also consistent with Franzoi’s (1995) findings that individuals value their bodies more highly as function (purposeful body-in-action, strength, health) than their bodies as objects (body-as-appearance, discrete body parts). The shift to function that is part of post-birth embodied experience, then, may bring with it an opportunity for a more positive overall valuation of body-self, as well as a reduction in the importance given to appearance concerns. The participants’ accounts also suggest that a multidimensional approach to
evaluating body-self state (including functional and sensory dimensions along with appearance) and a life-span development and change perspective on appearance may be strategic for successful management of body image concerns at post-birth.

The shift to a more interpersonal and functional somatic orientation was an important part of the whole post-birth body-self relations story. It was part of a re-negotiation of embodied life in which women were much concerned with managing changes to body-self, and with returning to customary body across sensory, appearance and function dimensions. It provides the context for the following exploration of post-birth adaptation to body image challenges.

**Women’s Adaptation to the Body Image Challenge of Pregnancy and Post-Birth**

In their accounts of their embodied experience in pregnancy and post-birth, the women had a lot to say about changes to their shape, size and weight and attractiveness. Almost without exception, the women’s narratives contained a summary of their customary, pre-pregnant body image satisfaction, and a body image satisfaction status report at pregnancy and again at post-birth.

To explore body image issues in pregnancy and post-birth, a profile was constructed of each participant’s relationship with body image including her customary, pre-pregnant body image, along with changes in body image satisfaction, and strategies for managing body image concerns in pregnancy and post-birth. (Example profiles are appended as Appendix J). In order to examine body image (appearance dimension) in relation to sensory and functional dimensions of embodied experience, each profile also contained an analysis of the participant’s relation with all
three dimensions, and noted changes across dimensions in pregnancy and post-birth. This was considered a useful research strategy because most body image studies investigate the appearance dimension exclusively.

For each participant, these data were integrated with body-directed attending data to create an account of body image experience inclusive of both a top-down, constructed perspective through narratives and descriptions, and a bottom-up, experiential perspective. The women’s body image profiles were also examined for patterns of adaptation to body image concerns across the group.

The findings of these analyses are reported in three stages. First, broad findings about body image satisfaction across the trajectory of pregnancy and post-birth are reported, and illustrated with excerpts from the narrative data. Second, the body-directed attending data and the narrative data are combined to examine some differences between those women who maintained their customary level of body image satisfaction at post-birth, and those who experienced diminished satisfaction. Third, factors associated with positive and negative body images are reported and discussed in relation to previous research about embodiment and body image in pregnancy and post-birth.

**Broad Findings about Body Image Satisfaction in Pregnancy and Post-Birth**

The predominant pattern of body image satisfaction found in the interview data was a trajectory of significant body image threat or challenge in pregnancy, with subsequent successful adaptation for the majority at post-birth. In respect of their weight, shape and attractiveness, the women reported increased monitoring, anxiety and dissatisfaction in pregnancy (but also times of relief from this). At post-birth, the majority of women reported being reasonably satisfied with their body and their
appearance, despite also describing themselves as deviating more from slim ideals than they did pre-pregnancy, and despite conflicts between sexuality and maternity.

**The Challenge to Body Image Satisfaction in Pregnancy and Post-Birth**

The women’s narratives indicated that they experienced gaining weight and changing shape as a substantial challenge to their body image satisfaction. Most of the women reported that they paid increased attention in pregnancy and post-birth to their weight and shape. Almost without exception, their narratives included a report on their current relationship with the ideal customary, pregnant or post-birth body, and an account of the personal strategies they were using to cope with the challenge to body image satisfaction.

Neva expressed her worry about weight gain:

“The other thing I was concerned about was putting on lots and lots of weight. Which I think a lot of women go through particularly with pregnancy because you don’t know how your body is going to react with all the changes.”

Pregnancy for the women involved a series of reappraisals of body-self in a context of day to day change. Harriet described a reappraisal of her weight and size in early pregnancy. She recalled that when her body began to change she had a “little period” of being “taken aback” by the change. “Oh god, I’m looking big. I’ve never been like this”. She reported:

“I didn’t feel negative about it, but it was just like watching yourself metamorphosize. You sort of stand back from it because you don’t know that side of yourself; you don’t know that body in that sense.”

Harriet stood “back” from her changed body. In some way, however fleetingly, this changed appearance was not Harriet as she knew herself. She was not her “normal”
or customary body-self. But for Harriet, as her pregnancy progressed, this distance was bridged. She reintegrated her present body-self with her sense of herself. She said:

“But as you become increasingly pregnant it just seems completely normal.”

The data suggest that paradigmatic to encountering changes to one’s appearance in pregnancy are times of being distanced from one’s body; experiencing one’s body as changed, “foreign”, “not me”, even “gross” and times of reintegration of the changes and a return to the sense of relatively comfortable identification with current body-self.

Interestingly, though the women reported widely varying different levels of satisfaction with their customary weight and shape, there was a remarkable degree of convergence in their rules or aims for controlling their weight and shape in pregnancy. The main changes in appearance that the women remarked upon were the growing belly, bigger breasts, widening of the lower body, extra weight on the upper legs, overall weight gain and facial changes. Some of these changes were viewed as acceptable and many as unacceptable or at least undesirable.

The social rules for body change in pregnancy as outlined by the participants were that a big belly was fine, even something to be proud of. Bigger breasts were fun, sexy, and an enjoyable change for most. However, any increased weight or widening in the lower body and legs, and any overall weight gain beyond the minimum needed for the baby was undesirable or unacceptable. The aim was to fit into pre-pregnancy clothes as quickly as possible after the birth. A timeframe of around six weeks to two months was generally seen as desirable for reaching this goal.

In line with this general consensus, Catherine didn’t “mind being big in the belly”. She said
“that doesn’t worry me as much as being a bit bigger around the hips and the bottom and that I’m not particularly thrilled about.”

Substantial overall weight gain was considered very undesirable. Amy did not want to “puff up like a beach ball”. Neva was keen to avoid becoming like “the side of a house”. In terms of getting bigger women wanted to localize expansion to the pregnant belly as far as possible. Debbie observed that she enjoyed people looking at “this nice big tummy because there is a baby in there” but “I don’t like them… looking at me from behind because my bum’s gotten bigger”. Amy noted that she had not “blown out”, that her weight gain is “compressed in the tummy area, which is good”. In general, other than the pregnant belly and larger breasts, women were anxious to experience the least possible disruption and change to their customary weight and shape in pregnancy.

The events of pregnancy that triggered negative body image experiences for individual women varied considerably. For example, Nicole who had coped with early changes reasonably comfortably and looked forward to getting bigger, actually found her late-pregnancy body unacceptable. She said:

“I was trying not to look at myself because I was so big I couldn’t even stand to see the sight of myself. I couldn’t recognize myself.”

Karen, on the other hand, for whom early pregnancy triggered considerable body image anxieties, said:

“Interestingly, in the third trimester I was happier in my body and more comfortable in it than I had been for a long time.”

Importantly, although active focus towards body image concerns was a consistent theme in the women’s narratives and descriptions in both pregnancy and
post-birth, the picture of body image satisfaction in pregnancy that emerges is more variable than a general trend of increased satisfaction or dissatisfaction alone could convey. This may be one reason why previous research seeking to establish the effect of pregnancy on normal women’s body images produced conflicting results (E.g.: Davies and Wardle (1994); Strang and Sullivan, 1985). Women reported periods of feeling better and worse about their weight, shape and appearance depending on factors such as their work, the views of other people around them, their response to the changes of pregnancy, and the cognitive and action strategies they employed to manage their concerns. The data indicate that the women actively managed body image concerns across the trajectory and many experienced substantial variation in satisfaction.

The women perceived, and at times utilized, a social exemption from social pressure for thinness (after the pregnancy became unambiguously apparent), but this exemption was just one element influencing their body image satisfaction. Often when they did refer to increased social permission to be bigger the women viewed it as problematic and many did not endorse it for themselves. Although this social message did have some currency and influence for the women, there was a more demanding social message about weight and shape in pregnancy which carried equal or stronger validity.

For example, Catherine was very wary of an approach to a pregnancy that she identified as “licence to get fat”. She said

“I think that’s a really dangerous attitude to have. And I think some women…do it. And originally I thought oh I can put on as much weight as I like and I’ve got this fabulous excuse but when the reality of putting weight on came along , I thought no no…”
Kim also observed this dissonance between her sense of social latitude towards increased weight in pregnancy, and stricter ideas and feelings she held about her weight and shape at this time. She observed:

“And actually it’s a funny time, because it is the only time when you can put weight on and people actually celebrate it…”.

Nonetheless, Kim was finding it difficult to “surrender” to her increased weight and changed shape. Of this difficulty she said:

“I mean it’s not other people, it’s my own feelings inside.”

The data suggest that narratives of threat and legitimization of weight gain exist in tension for women in managing body image concerns in pregnancy and post-birth. Across the time, individual women managed these in various ways, sometimes experiencing the changing appearance of their bodies as alien and foreign, with associated negative feelings, and sometimes being able to integrate or normalize the changes into a comfortable identification with current body-self.

**Post-Birth Body Image Satisfaction**

At post-birth, the majority of the women reported that they were reasonably satisfied with their weight, shape and their appearance, despite also describing themselves as deviating more from slim ideals than they did pre-pregnancy, and despite conflicts between sexuality and maternity. Most of the women (n=9) maintained their customary level of body satisfaction at post-birth while being aware of deviating more from body image ideals than they did pre-pregnant. Four of the women (Kim, Catherine, Karen & Lauren) reported substantially diminished, or consistently low body image satisfaction. The following section reports on some differences between the experience
of women who adapted well to their post-birth body appearance, and those who reported diminished satisfaction.

The women who maintained their customary level of body image satisfaction at post-birth constructed their body image concerns as subsumed in, or contextualized by, positive feelings about functional aspects of their recovery, and an overall sense of comfortable identification with "normal" body-self. Rebecca, for example, was one of the majority who maintained her customary body image satisfaction (medium) at post-birth. At post-birth, Rebecca reported that she felt good about her body shape and state. She said "I feel good and that happened really quickly". This didn’t mean that she had no body image concerns. She reported “It doesn’t feel like it used to feel, and I’m sure it won’t for a long time if ever, but I don’t feel like I’ve got this big bulging thing that nothing fits. I feel I’ve flattened". She emphasized that she was not highly motivated to fit into body image ideals. She said:

“I’m not doing a hundred sit-ups a day desperate to get back in a bikini…

I’m just very relaxed and it doesn’t really bother me. I mean its very nice if I can wear my normal clothes and I don’t have to wear my maternity clothes, but I didn’t have any time frame around any of that”.

Rebecca was fairly flexible and non-urgent about her body image (appearance) concerns. In evaluating how she felt about her body-self, she also considered functional, body-in-action dimensions of her embodied experience. She noted:

“I had a very good recovery physically…I’ve been walking almost from the day I got home. Started with shorter walks and now go for longer walks. And I’m doing Pilates and this and that. But yeah. Now its great. Its pretty much back to normal.”
For Rebecca, satisfaction with her body-in-action helped her to return to an overall sense of comfortable identification with “normal” body-self, and with her appearance.

Shona too maintained her body image satisfaction (high), and her sense of identification with her normal body-self. She felt she had made fast progress “from a pregnant state back to a normal state”. Like Rebecca, Shona noted body image concerns: “…just that little bit of childbirth fat round your belly and middle, that I wasn’t paying attention to a couple of weeks go but now its like I wish this would go away. But I’m no big drama about it.”

Shona evaluated her body on functional and sensory grounds as well as appearance. She reported that in her dancing, her body “feels pretty normal”. In fact, there were positive changes in her dance practice. She said

“there is something quite available about my body relationship now…and it’s kind of interesting being in the studio in this state because I remember the dances really easily and I have much less attachment to getting it back. And I feel much more relaxed”.

Like Rebecca, for Shona, returning to “normal” body was related to positive feelings about her body-in-action, and her concerns about her body image were contextualized by this. Overall, this kind of reaffirmation of identification with “normal”, “just me” body-self in the context of a multi-dimensional approach to evaluating body image, was found in the post-birth data of the women who maintained a high or medium customary level of body image satisfaction at post-birth.

By contrast, for the women who had diminished or consistently low levels of body image satisfaction, the narrative context for their evaluations of their body state
tended to a focus on body image anxieties, and/or post-birth trauma, and they did not identify with their post-birth bodies as “normal”, “just me” body-self.

Karen’s customary body image satisfaction was low, and post-birth it diminished further. She reported:

“The body’s not feeling like the best friend at the moment because I’ve still got a lot of pregnancy weight that I haven’t been able to move.”

Karen was very anxious about losing weight. She judged herself as sexually unattractive, and described herself as:

“surrounded” by women who can fit into their pre-pregnancy clothes…And I’m so far off. There are momentary senses that the body is the enemy – just feeling really frustrated that I’m eating healthily and walking a lot.”

The increased acceptance of her body Karen experienced in late pregnancy was largely gone. She was weighing herself increasingly often and felt a pull in the direction of obsessive weight checking. She said that she “needed’ at least some weight loss. For Karen, the baby gave some meaning to her weight gain:

“something to show for it… this doesn’t make it OK. But it makes it feel more OK than it normally would.”

Karen did experience some shift in meaning about her weight gain in the bigger picture of post-birth life with her baby. However, this was not enough to offset her persistent body image anxieties, and her relationship with her body-in-action, in daily exercise, was concerned with weight loss.

Kim’s body image satisfaction diminished from a customary high level to a low level at post-birth. Kim described her dissatisfaction:

“My stomach will never be the same again either in the tissues or the scar…
I'm aware that I've put weight on, that my body's different... just society... that whole high expectations about getting body back...”

She felt she was nowhere near back to her pre-pregnancy body.

“...I don't ever think I will after this experience. I saw a friend yesterday and her baby is only a month and she's totally back to the figure she had before.”

Kim noted that she had lots of breast milk, but she pointed out that rather than being able to celebrate that fact (a functional perspective), she was distressed that “my boobs are so huge and saggy. I struggle with that. Yeah I do”. Kim said that being in her post-birth body “feels different... real different”.

Kim had difficulty accepting the changes to her body in pregnancy. Post-birth, her predominant perspectives on her body-self were distress about the manner of her baby’s birth (caesarean) and about changes to her appearance. She saw her weight gain as out of line with social norms. She focused on body changes that she saw as irrevocable and distasteful. She noted that she was not able to ameliorate her dissatisfaction with her breasts by reference to their successful function in feeding her baby.

Like Karen, Kim’s primary context for evaluating her post-birth body-self was body image concerns. She did not contextualize her body image concerns in relation to her interpersonal and functional body-self at post-birth, and was unable to arrive at a comfortable identification with her post-birth body.

In summary, the data suggest that those women who maintained their customary body image satisfaction at post-birth tended to use positive meanings about functional and/or sensory dimensions of body-self as part of the context for evaluating their appearance, and to report that they felt a relatively comfortable identification with
“normal”, “just me” body-self. Those women who reported low and/or diminished body image satisfaction at post-birth tended to contextualize their evaluations of their appearance primarily or solely in terms of the appearance dimension, and to report a sense of alienation from “normal”, “just me” body-self.

The next section integrates these findings with body image findings from the body-directed attending data. Two body image themes are identified which appear in both sets of findings in relation to post-birth body image adaptation.

**Body Image Adaptation and Somatic Imaging**

The women who reported consistently low or diminished body image satisfaction at post-birth in their narrative data - Kim, Catherine, Karen and Lauren - were the same four women whose post-birth body-directed attending exhibited distinct differences from the remainder of the sample. When these women paid attention to their bodies at post-birth, their acts of body directed attending differed from those of the other women in the form and content of their somatic images, and in the overall directionality of the act.

Those women \((n=9)\) who made a successful adaptation to their post-birth appearance used the body-directed attending process in a way that culminated in internal, global somatic images experienced as integrated with self. By contrast, the post-birth body-directed attending of Karen, Catherine and Kim culminated in externalized, local, visual somatic images of appearance “imperfections” and/or irrevocable damage, experienced as somewhat separate from self.

The body-directed attending sequences of the women who maintained their body image satisfaction at post-birth referenced body-self as functional, active and interactive. They revealed a post-birth somatic focus on a new embodied relation with
the baby and/or on the actions and functions of mothering such as holding, rocking, feeding and communicating. By contrast, the body-directed attending of Karen, Catherine and Kim did not reflect a movement towards focus on their bodies as functional or interactive. They did not reference the baby or the functions of mothering. While Kim did reference contact with her baby in her body-directed attending, it was in negative terms. All four associated their somatic images with body anxieties about appearance, post-birth damage and identity issues around sexual attractiveness. Unlike the other participants, all these women reported reduced self-confidence in themselves as attractive and sexual.

Experiential and Conceptual themes in Body Image Adaptation

Taken together, the body-directed attending and the narrative data suggest that body image as lived experience has both bottom-up, experiential, present-based components and top-down, constructed, more stable components which bear relation to each other. In respect of women’s post-birth body image adaptation two integrated experiential/ideational themes emerged – involvement with body as function, and identification with customary “just me” body self.

Women who maintained their customary body image satisfaction at post-birth demonstrated involvement with their bodies as functions and interactions by referencing the actions and functions of mothering in their moment-by-moment experience of their bodies (body-directed attending data), by including functional dimensions of body-self in constructing their body image evaluations, and sometimes by changing their meanings about body-self in the light of their new functions as mothers (narrative data). Both from a bottom-up, experiential perspective, and from a top down, ideational perspective, they utilized body-in-action, as function, as a central component.
contrast, the four women who were struggling with negative body images at post-birth tended not to reference the actions and functions of mothering in their moment-by-moment experience of their bodies, and to construct their body image evaluations using the appearance dimension, not the functional or sensory dimensions.

The other top-down/bottom-up theme was identification with customary “just me” body self. The women who adapted successfully to body image challenges at post-birth utilized the body-directed attending process in a way that culminated in internal, global somatic images experienced as integrated with self (body-directed attending data) and constructed their body image evaluations including a relatively comfortable identification with “normal”, “just me” body-self (narrative data). The four women with low or diminished body image satisfaction at post-birth tended to experience the body-directed attending process in a way that culminated in external, visual somatic images of body image “imperfections”, experienced as somewhat separate from the attending self, and to report a sense of alienation from “normal”, “just me” body-self.

These findings suggest that in the post-birth context, both in women’s moment-by-moment experience of their bodies, and in their ideas and priorities about their bodies, a shift to increased focus on function, and a sense of relatively comfortable identification with customary body-self are associated with successful body image adaptation. Conversely, they suggest that in the post-birth context, both experientially, and conceptually, an externalized and local perspective on body-self, a preoccupation with the appearance dimension, and a sense of alienation from customary body-self are associated with body image difficulties. It appears that in achieving the adaptive shift to function and interaction, and comfortable identification with current body-self, kind of
somatic imaging, ideas about body-self, and openness to dimensions of embodied experience other than appearance are all involved.

The next section reports findings about the influence of the women’s customary level of body image on adaptation at post-birth, and on what the data suggest about the role of sensory experience in relation to positive body images. All findings about body image are then summarized and discussed.

**The role of Customary Body Image Satisfaction**

None of the discussion thus far about body image adaptation in pregnancy and post-birth has dealt with the fact that the women had different levels of customary body image satisfaction, and that maintaining a high level of body image satisfaction is a different outcome from maintaining a medium or low level of body satisfaction. There is some evidence to suggest that pre-pregnant body image satisfaction is a strong predictor of adaptation to the body image challenges of pregnancy and birth-giving (e.g., Skouteris et al., 2005). The findings of the present study support that position and provide some insight into it.

The two women who reported consistent, long-term body image problems reported increased body image dissatisfaction and/or preoccupation at post-birth. Overall, their negative feelings about their embodied experience carried over into their pregnancies and their post-birth adaptation. They did not experience increased embodied focus on function. They did not frame their body image concerns in a “bigger picture” at post-birth. At post-birth, they both used external, local and negative body-directed attending focused on appearance anxieties.

The five women who had a medium level of customary body image satisfaction all maintained that level at post-birth. Their main meaning investment in body-self was
as action and function. Their use of body-directed attending varied from frequent to rare, but in their post-birth body attending, they all employed sequences culminating in global internal somatic self-evaluations which affirmed a sense of relatively comfortable identification with current body-self as “*normal body*”, “*just me*”.

These women’s accounts indicate that they all had previous experience with challenges to their body image satisfaction. In response, they had lowered their expectations of adhering to body image ideals before they became pregnant. They carried lower expectations, and for most, lower investment in body image into their pregnancies. They also had strategies for dealing with body image dissatisfaction such as strong investment in life span development meanings that affirm bodily change (Neva, Rebecca), a degree of flexibility about ideal weight (Amy, Rebecca & Debbie), enjoyment of exercise and movement other than for weight loss (Amy, Debbie, Rebecca & Caroline), self-enhancing comparisons at post-birth (e.g., between post-birth body and pregnant body), and humour about body image issues. As a group their level of satisfaction was robust.

High customary body image satisfaction was less robust under challenge in this sample. Of the six women with a high level of customary body image satisfaction, three maintained that level, and three experienced increased body image dissatisfaction or preoccupation. None of the six reported previous major challenges to their body image satisfaction.

The three women in the sample who maintained a high level of body image satisfaction regarded body-self as the locus of meaningful personal process and growth. They were highly invested in appearance, but were also highly invested in sensory and functional dimensions of embodied experience. All used body-directed attending often
and purposefully for healing, personal growth, and to generate positive self-states. Each valued sensory experience as a valid dimension of life with its own specificity, validity and meaning, noticed changes to sensory dimensions of body-self in pregnancy and post-birth, and discerned new sensory experiences to value. For these women, sensory aspects of experience may have provided an extra meaning buffer for appearance concerns. Further, sensory experience involves internal imaging, so attending to sensory experience would encourage the use of internal (and not external) somatic images.

To summarize, those women who maintained high body image satisfaction took a multi-dimensional approach to body self, valued their bodies highly across the dimensions of appearance, function and sensation and actively utilized their internal, sensory experience to their own ends. Those who maintained a medium level of body image satisfaction valued their bodies primarily in action and function, had reduced expectations of body image, and attended to their bodies less frequently, but internally and positively. A medium level of satisfaction was more robust than a high level.

Those women who maintained low body image satisfaction at post-birth did not make a salutogenic shift to valuing their bodies as functional, and their somatic images were external and negative, suggesting that they may have entrenched beliefs and experiential habits which predispose them to continued body image distress. The findings suggest that the women with long-standing body image concerns and attendant habits of body-directed attending, may habitually process their embodied experience in ways that reinforce their body dissatisfaction, make it more difficult to be open to the influence of new embodied experiences, and predispose them to ignore sensory, functional and identity affirming dimensions of somatic experience. This may be part of
the reason for the difficulty noted in the literature in making long-term change to negative body images.

Two of the women with high customary body image who experienced substantially reduced satisfaction at post-birth suffered from post-birth trauma or dissatisfaction with birth, suggesting that difficult birth experiences may be risk factor for post-birth body image dissatisfaction.

Summary and Discussion: Body Image Findings

The predominant pattern of body image satisfaction found in the present research involved a trajectory of significant body image challenge in pregnancy, with subsequent successful adaptation for the majority at post-birth. Taken together, the data suggest that in pregnancy and at post-birth, the women experienced a significant challenge to their body image satisfaction because of changes to weight and shape which threatened to move them further from dominant slim ideals. Social norms which split maternity and sexuality augmented this threat to body image satisfaction.

At the same time, pregnancy and birth-giving provided a new function/meaning focus for body-self as the site of a creative project of enormous personal significance, and most of the women were able to utilize this new embodied focus to counter body image dissatisfactions. Overall, the women’s narratives suggest that their body-self relations in pregnancy and post-birth involved compelling shifts in embodied experience, and significant changes in personal meaning about body-self, occurring in a context of painfully mixed social messages derived from conflicting social norms about pregnant and post-birth bodies. Most women were able to negotiate this situation with their body image satisfaction intact.
Broadly speaking, the findings support the view that the experiences of pregnancy and post-birth provide some protection against negative body images. The findings are consistent with those of a number of recent quantitative and qualitative studies which suggest that many women are able to assimilate the body changes of pregnancy and post-birth (which shift women away from social body image ideals), without increased body image dissatisfaction. (e.g., Bailey 2001; Johnson, Burrows, and Williamson, 2004; Skouteris et al., 2005). In line with the findings of these studies, the present findings suggest that this protection may result from changes in the way women experience, understand, and value their bodies. However, for women with more severe body image dissatisfaction, pregnancy and post-birth experience may pose significant challenges.

Consistent with Tiggemann’s (2004) finding that women’s body image ideals remain remarkably constant across the life span, the findings of the present thesis suggest that it was not change in the women’s body image ideals that helped them negotiate body image challenges. The women’s customary body image ideals remained largely unchanged. Nor was it simply the effect of social legitimization of weight gain. Previous findings of increased body image satisfaction in pregnancy (e.g., Clark & Ogden, 1999; Davies & Wardle, 1994) were not supported. One interpretation of those findings was that social legitimization of weight gain in pregnancy provides a reprieve from body image pressures, resulting in higher than customary body image satisfaction. Though the women in this sample reported and utilized this social sanction, they understood it in the context of more demanding social messages about weight and shape. Most of the women reported increased body image anxiety and self-monitoring in pregnancy and at post-birth.
One reason for this discrepancy is suggested by the data. The women’s accounts of their body image rules and expectations for pregnancy and post-birth suggest that new and stricter social norms around body weight and shape in pregnancy and post-birth are emerging. The data suggest that increasingly women are subject to a socially prescribed and monitored ideal pregnant and post-birth body. As it emerges in the narratives of the participants, the ideal pregnant body is the current social ideal of a slim, toned frame, but with bigger breasts and a pregnant belly. Other changes to body shape are undesirable or acceptable. The ideal pregnant body is integrally linked with strict rules about a speedy post-birth return to pre-pregnancy body.

Because body ideals are socially derived and internalized by individual women, changes in public discourse should be apparent supporting changes in socially prescribed ideal bodies. Indeed, in the past decade or two, there has been a major change in popular media coverage of pregnant bodies and post-birth bodies. For example, magazines run regular features scrutinizing the pregnant and post-pregnant weight and shape of celebrities, and examining their post-birth weight loss strategies. If the trajectory of the pregnant body was once accorded a degree of privacy, this seems to be no longer so. There is a distinct trend towards increased sexualisation of the pregnant female form (but not the post-birth one). Pregnant bodies are now often imaged in tight revealing clothes and unclothed. For example, a recent TV and billboard campaign for the Australian Red Cross required an image of a pregnant woman to accompany information about eligibility for donating blood. The featured image shows a slim framed pregnant woman in a pink bikini and high heels. It is unlikely that this image would have been used two decades ago.
These trends in public discourse support a view that new and stricter social norms relating to women’s bodies in pregnancy and post-birth are emerging. It may be that the findings of overall consistent body image anxiety and self-monitoring in pregnancy in this study are partly a reflection of this increased scrutiny and more stringent social expectations in relation to pregnant and post-birth bodies. That most of the women were able to successfully manage their body image concerns in this context provides some insight into the generation and maintenance of positive (and negative) body images.

**Body Image Adaptation At Post-Birth**

Taken together, the body-directed attending and the narrative data suggest that body image as lived experience has both bottom-up, experiential, present-based components and top-down, constructed, more stable components which bear relation to each other. These conceptual and experiential aspects of positive and negative body images are now discussed.

**Body Image Adaptation and the Shift to Function**

A post-birth shift towards the dimension of function in women’s embodied experience was associated with successful adaptation to body image challenges. The data suggest that this adaptive shift to a focus on function was in part something women themselves actively achieved, through strategies such as explicitly changing their priorities about their bodies, and constructing body image evaluations in the light of new body functions. But it was also, in part, something that evolved as a result of what might be understood as an inherent embodied tendency in the experiences of pregnancy and birth-giving. Women’s embodied focus was drawn inward to the developing baby
and to all the new sensations and symptoms, and then outward to the baby outside, and
the work and relationship of mothering.

It is perhaps in both these senses that the idea of a protective effect of pregnancy
and birth-giving on the body images of women might be broadly conceived. Women’s
accounts suggest that the psychophysical events of pregnancy and birth-giving have an
inherent embodied momentum which tends to direct women’s somatic focus (both
experiential and conceptual in mutually influential interrelation) initially towards
sensate, internal life and then towards function and interaction. At the same time,
women actively constructed meanings about body-self more oriented towards function
and interaction. These findings are consistent with Bailey’s (2001) suggestion that the
embodied changes involved in gestation and birth provide women with a space and
stimulus to change, to embody a new experiential reality more oriented towards
intercorporeal exchange.

That many of the women actively reconstituted their body image evaluations in
the light of their changed meanings about body-self, and that increased focus on
function was associated with successful adaptation to body image challenge are
consistent with some previous studies. They support Earle (2003) who found that
though women are actively concerned with body image issues in pregnancy, some find
ways to resist strict social ideals for bodies. They also support Bailey’s (2001) finding
that an important adaptive strategy at post-birth is utilizing a shift towards more
appreciation of function and interaction to re-contextualize, and ameliorate body image
concerns.

This broad adaptive strategy is similar to that described by Tiggemann (2004) in
respect of older women. Tiggemann reports evidence that though women’s body image
ideals are stable across the life span, the importance women place on their body image satisfaction decreases with age. One of the factors associated with this change is an increased focus on function. It seems that in adapting to the drastic but mainly transient appearance changes that come with the life event of pregnancy and birth-giving, women use strategies similar to those used by older women.

The data in this thesis support these previous findings and extend them by observing that women who maintained their customary body image satisfaction at post-birth also demonstrated involvement with their bodies as functions and interactions in their moment-by-moment experience of their bodies in body-directed attending. This result highlights the importance of experiential, bottom-up aspects of body image, and their interrelationship with ideas and feelings about body-self.

Overall, most of the women’s active body image concerns post-birth were eased and re-contextualised by the embodied momentum of pregnancy and post-birth, by increased experiential focus on action and interaction, and by increased value placed on the new functions of their bodies as mothers. For most of the women, interpersonal and functional body-self provided the integrative ground for their post-birth body-self relations.

**Body Image Adaptation and Somatic Imaging**

The women who adapted successfully to body image challenges at post-birth utilized the body-directed attending process in a way that culminated in internal, global somatic images experienced as integrated with self. The women with low or diminished body image satisfaction at post-birth tended to experience the body-directed attending process in a way that culminated in external, visual somatic images experienced as somewhat separate from the attending self.
An interpretation of the relation between type of somatic imaging and body image satisfaction is suggested by the data. It seems that body-directed attending sequences culminating in external, local somatic images associated with body image anxieties may disrupt a directionality found in most acts of body-directed attending towards a sense of relatively comfortable identification with current body-self integrated with customary, “normal” body, “just me”. By contrast, body-directed attending sequences culminating in internal, global somatic images may promote such identification, and by extension, positive body images.

The findings of the thesis support and extend the understanding of somatic imaging that underlies Objectification Theory (Fredrickson & Roberts, 1997). The data suggest that the pathogenic effect of external, local visual somatic images in the context of self-objectification may not only lie in their direct experiential effects, but also in that by habitual overuse, they block a salutogenic body-directed attending process in which local somatic contents are integrated into a global sense of body-self in situation, and the basic identity, continuity and health of body-self is checked and affirmed. This formulation is consistent with the broad framework of Objectification Theory but would propose a stronger role for reduced internal awareness in the generation and maintenance of body image dissatisfaction.

The present findings support the view that women’s experiential habits; the way they attend to body-self, bear a relation to positive and negative body images, and to top-down meaning constructions about body-self. Those women who mainly “felt” or “sensed” their bodies from within, processed local somatic images, and then expanded their somatic focus to a global sense of whole body integrated with self, tended to adapt well to the body image challenges of post-birth life. This form of somatic imaging was
associated with meaning-making about body-self which included a multi-dimensional approach to evaluating body image, and acceptance of new body-self meanings in the embodied momentum of childbearing towards function and interaction. Those women who struggled to adapt to post-birth body image challenges “saw” body parts as though from the outside, in local somatic images somewhat distanced from sense of self. This mainly visual, parts-focused, and externalized form of body-directed attending was associated with meaning-making about body self focused mainly on appearance dimensions, and associated identity concerns.

**Body Image Adaptation and Customary Body-Self**

The findings suggest that a relatively comfortable identification between current body-self and customary body-self is an important phenomenological correlate of positive body image. This is consistent with Herzig’s (2001) finding, in a narrative study of body image, that a distinction between body as integrated with subjectivity and agency, and body as alien and objectified was an important feature of embodied experience. The present results support this distinction, in a different context, that of pregnancy and post-birth. Across pregnancy and post-birth, women reported times of experiencing the changing appearance of their bodies as alien and foreign, with associated negative feelings, and times of being able to integrate or normalize the changes into a comfortable identification with customary body-self.

Overall, the narrative and body-directed attending data suggest that customary body might be understood as a multidimensional amalgam of stored somatic images (somatic markers), established beliefs about body-self, and habitual modes of body-in-action, which combine in a phenomenological experience of “normal” body-self, or “just me”. Women used the concept of “normal” or customary body as a consistent
reference point in their descriptions of their embodied experience in pregnancy and post-birth and often associated it with a global sense of wellbeing, despite local discomforts. Identification with customary body-self seems to be an important part of the bodily basis of identity, continuity and wellbeing in pregnancy and post-birth, and it is associated with internal, global somatic imaging.

Practical implications of these findings for understanding and changing negative body images are considered in the next chapter, which provides a general discussion of the research.
CHAPTER 7
SUMMARY OF FINDINGS

This chapter provides a general discussion of the findings of the research conducted in this thesis in relation to the aims and research questions. This builds on the specific discussion of findings in Chapters 5 and 6. Each research aim, and its associated research questions are addressed in relation to the main findings, points of relation to the literature are highlighted, and theoretical and practical implications addressed. In the final section, methodological issues and directions for future research are considered.

Aims and Associated Research Questions

**Aim 1:** To examine women’s embodied experience in pregnancy and post-birth.

1: How do women experience and describe their embodied life in pregnancy and post-birth?

2: Are systematic shifts in embodied focus evident across the trajectory of pregnancy and post-birth?

**Aim 2:** To make a detailed enquiry into the process, content, and purpose of women’s conscious body-directed attending in pregnancy and post-birth.

1: What is the content of women’s body-directed attending?

2: Do women employ a common experiential process of intentional body-directed attending?

3: Are there individual differences in the frequency of, and purposes for, body-directed attending?
4: Does body-directed attending in pregnancy differ from body-directed attending at post-birth?

Aim 3: To investigate the effect of pregnancy and birth-giving on women’s body image satisfaction.

1: How do women experience and describe their body image satisfaction in pregnancy and post-birth?

2: Does a woman’s relationship with other dimensions of her embodied life impact on her body image satisfaction?

3: Are there pathogenic and/or salutogenic forms of body-directed attending in respect to body image satisfaction?

Aim 1: To examine women’s embodied experience in pregnancy and post-birth.

Research Question 1: How do women experience and describe their embodied life in pregnancy and post-birth?

The overarching narrative in the women’s accounts of their embodied experience in pregnancy and post-birth was a trajectory of change to each woman’s customary/“normal” body in the creative project of pregnancy, and then recuperation and reintegration of her embodied life post-birth. The women took a multidimensional approach to their embodied experience in pregnancy and post-birth. Analysis of meaning divisions in the participants’ accounts revealed three major dimensions of embodied experience. The women talked about their embodied life in terms of the way they looked, their internal sense of body-self, and their bodies in action. They made a catalogue of changes across the dimensions of appearance, sensation and function, and
used customary, pre-pregnant body as a multidimensional somatic reference point, and as a source of individual sense of continuity and identity in pregnancy and post-birth.

Each dimension was associated with personal meaning and identity issues. Identity issues linked to the appearance dimension were body image, self-esteem, attractiveness, progress of pregnancy, conflict between motherhood and sexuality, general emotional state, body shame and pride. Issues linked to sensate life were health, sensed self-state, emotional self-understanding and control, and a basic sense of self-identity and continuity (feeling like “just me”). The women associated body as function with health, agency, body movement and communication.

The concept of “normal” or customary body was used as a consistent reference point in descriptions of embodied experience in pregnancy and post-birth. This reference point emerged in narratives and descriptions of embodied experience, and also in moment-by-moment descriptions of experiences in body-directed attending. Acts of body-directed attending often culminated in a whole body somatic image of current body-self state in comparison with remembered “normal”, customary body. The women often associated customary body with a global sense of wellbeing, despite local discomforts. They applied the concept of customary body-self in a multidimensional way - to their appearance, their internal sensate life, and to their functional body.

Taken together, the data suggest that customary body might be understood as a multidimensional amalgam of stored somatic images/states (somatic markers), established beliefs about body-self, and habitual modes of body-in-action, which combine in a phenomenological experience of “normal” body-self, or “just me”. This recurrent sense of “normal” body-self has both ideational and experiential referents. The present results suggest that customary body-self is an important multidimensional
somatic reference point for wellbeing, sensed relation to events, and comfortable identification with current body-self.

**Research Question 2: Are systematic shifts in embodied focus evident across the trajectory of pregnancy and post-birth?**

The data suggest that the life events of pregnancy and post-birth carry an embodied tendency/momentum which involves an experiential and ideational re-prioritization of the dimensions of appearance, sensation and function. This generalized shift involves a movement of somatic focus **inwards** towards increased attention to internal sensate life in pregnancy, and a subsequent movement **outwards** towards the functioning body in action and interpersonal communication at post-birth.

The tendency towards internal embodied focus in pregnancy reflected the women’s involvement with symptoms, novel somatic experiences, and the mother-baby relationship embedded in organically changing internal embodied experience. Post-birth, although women still attended to sensory and internal aspects of their embodied experience, their somatic focus shifted towards action and interaction in their new embodied functions and relationships. This shift led to new priorities in respect of body-self relations for many of the women, and a consequent re-valuing of appearance concerns. The results suggest that the embodied events of childbearing present women with an opportunity to experience and construct their bodies differently, with less investment in appearance, and more involvement with their bodies in action, as whole agentic entities, engaged in interpersonal relationship.

These systematic shifts in embodied focus were not simply due to the unmediated impact of physical events. Rather, the shifts appeared to involve a mutually influential interaction between the embodied events of childbearing, the woman’s
ongoing moment-by-moment sensed relation with events, and her ideas and beliefs about her body-self. That this shift in embodied focus was found independently in the phenomenological and narrative data (relatively stable meaning constructions about body-self), and the body-directed attending data (moment-by-moment experience of body-self), attests to the impact of the embodied events of pregnancy and birth at both ideational and experiential levels, and implies that these levels are connected.

**Theoretical Implications**

Broadly speaking, the results of the present research suggest that meaning constructions about body-self, and experiences of body-self are linked, and that both are impacted by life events. The findings support a view of human life as constantly impacted by changes in embodied situation (whether sudden or slow and consistent). These changes have ramifications for personal meanings about body-self, and for sensed current experience of body-self, both of which are central parts of self. This provides empirical support for the view of body as a dynamic and meaningful process, situated in the interaction between self and world (e.g., Damasio, 1994; Gendlin, 1998; Piran, 2001).

The findings indicate that women’s body-self relations are inherently multidimensional. They suggest that women experience their bodies as wholes with appearances, internal sensations, and functions, and that change in the individual’s relationship to one dimension is likely to entail change in relation to other dimensions. Thus changes to body image (appearance dimension) are likely to involve changes in the functional, interactive and/or internal sensory dimensions as well.

The results support feminist views of pregnancy and birth as paradigmatic experiences of heightened awareness of body, and of the transformability and
intercorporeal aspects of embodiment (e.g., Weiss, 1999; Young, 2005). The pregnant and post-birth body as characterized in this research does not fit with traditional phenomenological concepts of body-self as essentially stable, unitary and aware not of itself, but of its purposes. Pregnancy and post-birth experience involve an intensified encounter with embodied life, change on many levels, and considerable conscious experience of body-self. These findings support a view of body-self as involved in change, and suggest that conscious experience of body-self, far from being abnormal, is an integral part of day-to-day consciousness and personal meaning.

The present findings indicate that one of the ways women construct their embodied experience in pregnancy and post-birth is through the use of temporal markers – customary, pregnant and post-birth body-self. The importance of customary or “normal” body as a consistent reference point for embodied experience in pregnancy and post-birth extends previous research (e.g., Marshall, 1999; Young, 2005) in showing that women applied the concept across a number of dimensions - to their appearance, their internal sensate life, and to their functional body. The current study also extends previous research by observing that women also invoked this somatic reference point in their acts of body-directed attending, using an experiential, bottom-up route. This raises the possibility that customary “normal”, “just me” body-self is a special somatic marker which functions as a fundamental component of body-based meaning, and as a basic comparison point for change and disturbance to body-self.

**Practical Implications**

The findings suggest that life events have systemic experiential and ideational impact on subjective embodied experience of body-self, in ways that may be somewhat predictable in specific situations. In pregnancy, women are likely to experience
increased focus on internal, sensate dimensions of embodied life, and then at post-birth to experience a shift to a focus on function and interaction. This appears to be a strong pattern in the basic phenomenology of childbearing.

Understanding and normalization of this pattern of change in embodied focus may be useful in helping women manage pregnancy and post-birth experience especially where women are troubled by problems such as depression and body image dissatisfaction. These findings suggest that part of maintaining overall wellbeing in the face of the events of child-bearing may be openness to, and successful negotiation of, changes in somatic focus. It may be useful, from a clinical point of view, to consider an embodied view of other life events and situations. The experiences of chronic pain, depression or old age, for example, may also carry specific and characteristic patterns of change in embodied focus. Attention to patterns of body-directed attending, and ideas about body-self that tend to characterize such conditions may provide new insights into problems and solutions for individuals.

It may also be useful to consider women’s multidimensional body-self relations in understanding and changing body image, rather than concentrating on the appearance dimension alone. The findings suggest that change in one dimension of embodiment is likely to involve change in other dimensions. In considering body image change for an individual woman, then, it may be beneficial to understand her cognitive-affective evaluations of appearance in the context of her prioritization of the embodied dimensions of appearance, function and sensation, and to consider multidimensional change strategies.
Aim 2: To make a detailed enquiry into the process, content, and purpose of women’s conscious body-directed attending in pregnancy and post-birth.

Research Question 1: What is the content of women’s body-directed attending?

The basic content of the women’s body-directed attending involved sensed somatic images/percepts, including sensations, symptoms, global body states, emotions, visual images of appearance, and perception of current body posture. Three kinds of somatic images appeared in the data – internal (body-self experienced and described as though from inside), external (body-self experienced and described as though from outside) and postural (body-self experienced and described in terms of body position). All of the women reported local (localized in body part) and global (whole body) somatic images, and displayed the ability to move between the two. Acts of body-directed attending involved streams or sequences of somatic images with directionality and outcomes.

In the course of body-directed attending, the women noted both local and global somatic images, and often associated these with aspects of self and/or personal world. They also often compared somatic images with somatic images from other times. This process seems to be a kind of bottom-up construction of meaning which combines somatic and cognitive information. In the data, the women made sense with, and of, their somatic contents through associations and comparisons. These processes created bottom-up, somatically based meanings and propositions including global evaluations of self-state, bottom-up/body-based propositions, elaborated somatic images, potential actions and changed self-states. If the initial process of body-directed attending was to shift attention towards the body, usually “going in”, these associated cognitive
processes might be characterized as “going out”, connecting somatic content to other aspects of self and to the personal world/environment.

**Research Question 2: Do women employ a common experiential process of intentional body-directed attending?**

The results suggest that it is possible to conceptualize body-directed attending as operating as a loop or cycle, in which somatic experience moves from a background, global diffuse somatic awareness embedded in action, to the focal point of consciousness and back again. This cycle is a constant and influential part of ongoing consciousness. This movement of embodied consciousness is always in dynamic relation with events as they unfold, and with the meaning associations and motivations of the body-self/person. This body-directed attending cycle is depicted in Figure 7.1.
Figure 7.1 Body Directed Attending Cycle

FOCAL SOMATIC ATTENDING

Noting what arises.

Scanning

Attentional shift to body-self

Body Directed Attending – invoked or triggered

Sequence of somatic images

Possible somatic associations and comparisons

Outcomes:
- Changed self-states
- Bottom-up meanings
- Potential actions

Sequence often ends with:
- Global somatic image of current body-self state integrated with self

BACKGROUND SOMATIC ATTENDING
As Figure 7.1 illustrates, the phenomenology of embodied experience seems to involve repeated cycles from background to focal somatic attending and back again. The phenomenological sequence of internal body-directed attending (either triggered by strong sensation, or intentionally invoked) entails an attentional shift to somatic self, scanning systematically in vertical paths, and/or being drawn to sites of strong sensation. Sensed somatic images become focal (or are constructed). These somatic images seem to arise, somewhat independent from the attending self. They are processed, sometimes simply by being sensed, sometimes in a more associative way, producing emotional, cognitive and action associations. When outstanding somatic images have been processed, attending tends to expand to a global somatic image of whole body-self in relation to the world. In this body-self state, psychophysical descriptors are used, and global somatic image of whole body-self state is described as integrated with self. (e.g., “I am relaxed”). Global internal somatic images were often associated in the data with an overall state of wellbeing, and/or with a sense of identification with “normal”/customary body. The expansion of attention from local somatic percepts to global somatic image of current self-state appears to integrate somatic images with an overall sense of current body-self state in relation to events, leading back to the state of background somatic awareness that characterizes much consciousness and action, until the next cycle of focal somatic attending is triggered or invoked.

The results suggest that the body-directed attending cycle functions as a feedback system for monitoring the basic health, continuity and identity of body-self, and as a mechanism for the development of bottom-up, somatically-based meaning. Body-directed attending brings an individual’s sensed relation to events into focal
awareness. It brings conscious cognitive resources to bear upon the maintenance of health, identity and personal meaning in relation to events. The process contributes to the ongoing maintenance of health and identity, as well as serving to integrate somatic experience into sense of self and of world.

**Research Question 3: Are there individual differences in the frequency of, and purposes of body-directed attending?**

Although all the women used the basic process of body-directed attending illustrated in Figure 7.1, and all experienced both triggered and intentionally invoked body-directed attending, there were considerable individual differences in their use of the body-directed attending cycle. Each woman employed an individualized approach or “set” (experiential and conceptual heuristic) when attending to body-self which influenced what she noticed of her embodied experience, and how she built meaning from her body-directed attending. The women’s experiential practice of attending to their bodies was intimately related to their purposes for doing so, and to their beliefs about the meanings of somatic experience. The findings suggest that women have established habits of body-directed attending which, compounded over time, may impact on wellbeing.

The main purposes for which the women used body-directed attending were to change their self-states for the better, to monitor current self-state for health and emotion, and to understand their feelings in relation to events. Additionally, several of the women had developed individualized ways of utilizing body-directed attending which resulted in differentiated functions such as assessing and improving structural balance in the body, predicting and avoiding aversive emotional states, construction of specific pleasurable body-self states, and pain management.
Three cluster groups of women with different approaches to, or styles of, body-directed attending were identified. Some of the women utilized intentional body-directed frequently and in purposeful and highly developed ways (Agentic cluster), some attended to body-self fairly often and purposefully, mainly in action and interaction (Action/Interaction cluster) and some invoked it rarely (Symptom Perception cluster). The women from the Symptom Perception cluster tended to understand their bodies primarily in terms of physiological function. The women from the Action/Interaction cluster tended to take an optimal psychophysical health orientation to their embodied life. The women from the Agentic cluster tended to understand their bodies as the site of personal process and growth, as well as of psychophysical health.

The results suggest that each participant’s set/heuristic towards body-directed attending has both ideational and experiential aspects and that these are interrelated. The ideational aspect relates to the woman’s purpose/s for body-directed attending and her beliefs about the meaning and functions of somatic awareness. The experiential aspect relates to the kinds of somatic images she generates, and the sequence and outcomes of her body-directed attending. The defining differences between women’s acts of body-directed attention were not in the basic attentional process, but in the ideational and experiential “set” which women adopted towards their bodily experience, and in the ways they associated somatic percepts with internal and external environmental cues to understand and interpret their sensations, and to construct self-states.

**Research Question 4: Does body-directed attending in pregnancy differ from body-directed attending at post-birth?**

The women reported that in pregnancy, they consciously attended to their moment-by-moment experience of their bodies considerably more often. This was as a
result of the novel sensations of pregnancy triggering women’s body-directed attending and because of their increased intentionally invoked body-directed attending. The data suggest that pregnancy is a time when women are more active in their body-directed attending, and use body-directed attending for new purposes.

Most of the women’s post-birth acts of body-directed attending reflected a reorientation of somatic attention away from this increased internal focus in pregnancy, and towards to an interpersonal and functional somatic focus. Those women whose body-directed attending did not reflect this shift in embodied focus tended to report somatic images associated with body anxieties about appearance, post-birth damage and identity issues around sexual attractiveness.

**Theoretical Implications**

The present analysis of the process of body-directed attending contributes to an area of human experience remarkably unarticulated in psychological literature. Despite accumulating research evidence that somatic experience is crucial to cognitive and social functioning, there is little description of, or conceptualization about, individual’s conscious body experience in the psychological literature. The phenomena of focal and background somatic awareness are described (e.g., O’Shaughnessy, 1995), but little explanation is advanced for how or why body-directed attending might attain one or other of these states. Nor is much attention given to the functions of conscious body experience for the person. The current findings makes some inroads into a research task Schilder (1950) defined as describing the framework within which individuals experience, interpret and alter conscious body sensations.

The present thesis proposes some initial concepts and directions for a framework for understanding and researching conscious embodied experience. Fundamental
content of conscious body experience - somatic images of several kinds - is described. A basic phenomenological process is identified, outcomes described, and possible functions proposed. Individual differences in the use of this process are described, and some links to wellbeing suggested. Focal body experience is contextualized in everyday consciousness as the periodic triggering or invoking of sequences of somatic images in an ongoing cycle between background and focal body attending.

One of the more important theoretical implications arising from the present research is that there may be salutogenic effects of the process of body-directed attending when the sequence culminates in global somatic images integrated with self and a return to background attending. The findings suggest that such body-directed attending sequences function to check and affirm the health and continuity of body-self and integrate current somatic state with ongoing self, promoting a phenomenological sense of comfortable identification with current body-self as “normal”, “just me”.

Another theoretical implication of the current research concerns the role of embodied experience in the generation of meaning. The finding that women’s body-directed attending took the form of sequences of specific local and global somatic contents (somatic images) provides phenomenological support for Damasio’s (1994) concept of a stream of somatic images which represents current body state at each moment, and draws on remembered somatic states (somatic markers). Although somatic images are images of body-self, findings indicate that the content of somatic images is not confined to the internal milieu or the materiality of the body. Somatic images and markers also carry an individual’s somatically sensed relation to events.

These findings support a view of conscious somatic experience not only as a phenomenological reflection of current physiological status, but also as an update on
current sensed relation to events and objects. This provides empirical support for Damasio’s (1994) view that somatic experience involves concurrent sense of body-self and environment, and for Gendlin’s (1998) view that body experience and meaning is always situated in events. The findings also suggest the potential of a revised understanding of body awareness. Such a revision might consider somatic images as perceptual images integral to cognition and meaning, as are other perceptual images such as visual and aural images.

The results suggest that the somatic matches and comparisons involved in acts of body-directed attending, and the associative cognitive processes are mechanisms for the bottom-up construction of meaning. The data provide grounded phenomenological instances in which somatic experience can be seen to directly influence cognition, and form an irreducible part of meaning constructions. These findings provide empirical and phenomenological support for the view that somatic experience is an integral part of thinking, reasoning and making effective sense of the world (Damasio, 2003; Gendlin, 1999).

The findings also indicate that the focus of body-directed attending changes with the influence of life events. Broadly, they support the view that personal, subjective, embodied life is inherently involved with personal world and events. The results suggest that in times of change, individuals patterns of body-directed attending are likely also to change. In the case of pregnancy and post-birth, a lack of change in body-directed attending focus (from inward to outward) was associated with dysfunction.

**Practical Implications**

The findings indicate that individuals have considerable skills and capacities related to their body-directed attending. It seems that individuals are adept at scanning...
their internal bodies, that they experience themselves as able to move easily from place to place within their bodies, and are able to access and process a variety of kinds of somatic images. Individuals’ body-directed attending skills include changing current self-state for the better, identifying emotions, discerning sensed relation to events, improving structural balance in the body, construction of specific pleasurable body-self states, and pain management. Such skills appear to hold the potential, with long-term use, for developing increased wellbeing, increased emotional self-understanding and the capacity to predict and manage some aversive physical and emotional states.

One of the contexts in which these skills and capacities have application is in clinical therapeutic practice where clinicians seek to invoke, and work with, clients’ self-states, emotional habits and bodily experience. Therapist interventions may profit from attending to client’s established habits and skills of, body-directed attending. For instance, where a client has a highly developed capacity to articulate and change self-state through body-directed attending, this capability could be a powerful tool in the therapy. Conversely, should a client have a particularly avoidant and/or negative “set” towards embodied experience, this may be an area for exploration and development.

Also, when therapists ask clients to access bodily feelings (often in order to sense emotion) it may be useful to expect and allow time for a sequence of somatic images, and to conclude the intervention with suggesting a whole body focus to the client, allowing for the global integration of the (possibly painful) somatic images, and a return to background awareness. When therapists use relaxation techniques, they might do so in the understanding that while such an intervention will reduce the client’s tension, it will also obscure the client’s current sensed relation to events. Mindfulness
approaches, on the other hand, emphasize a continuous awareness inclusive of current body-self state.

The findings suggest that clients’ ideas about, and experiential habits in respect of, body-self are an important and influential part of their functioning. Further understanding of individual ways of engaging the process of body-directed attending, both salutogenic and pathogenic, may be useful in a variety of therapeutic contexts, particularly those in which body image problems are at issue.

**Aim 3: To investigate the effect of pregnancy and birth-giving on women’s body image satisfaction.**

*Research Question 1: How do women experience and describe their body image satisfaction in pregnancy and post-birth?*

The predominant pattern of body image satisfaction found in the data was a trajectory of significant body image threat or challenge in pregnancy, with subsequent successful adaptation for the majority at post-birth. In respect of their weight, shape and attractiveness, the women reported increased monitoring, anxiety and dissatisfaction in pregnancy (but also times of relief from this). At post-birth, the majority of the women reported being reasonably satisfied with their body and their appearance, despite also describing themselves as deviating more from slim ideals than they did pre-pregnancy, and despite conflicts between sexuality and maternity.

The findings suggest that it was not change in the women’s body image ideals that helped them negotiate body image challenges. Their customary body image ideals remained largely unchanged. Neither did women experience unconditional social sanction for weight gain in pregnancy and post-birth. On the contrary, women’s
accounts of their body image rules and expectations for pregnancy and post-birth suggest that new and stricter social norms around body weight and shape in pregnancy and post-birth are emerging. The data indicate that increasingly women are subject to a socially prescribed and monitored ideal pregnant and post-birth body. That most of the women were able to successfully manage their body image concerns in this context provided some insight into the generation and maintenance of positive (and negative) body images.

The factors associated with successful body image adaptation in the post-birth context were a shift to increased ideational and experiential focus on function and interaction, and body-directed attending sequences culminating in the use of internal, global somatic images. Conversely, factors associated with post-birth body image dissatisfaction were a preoccupation with the appearance dimension of embodied experience and body-directed attending sequences culminating in the use of external, local somatic images.

*Research Question 2: Does a woman’s relationship with other dimensions of her embodied life impact on her body image satisfaction?*

A post-birth shift towards the dimension of function in the women’s embodied experience was associated with successful adaptation to body image challenges. Pregnancy and birth-giving provided a new function/meaning focus for body-self as the site of a creative project of enormous personal significance, and most of the women were able to utilize this new embodied focus to counter body image dissatisfactions. The majority of the women experienced a shift towards function and interaction in their embodied experience, and in their priorities and meanings about their bodies.
The results indicate that the shift to a focus on function was in part something women themselves actively achieved, through strategies such as explicitly changing their priorities about their bodies, reducing the importance given to appearance concerns, constructing their body image evaluations with reference to other dimensions of embodied experience, and a life-span development and change perspective on appearance. But it was also, in part, something that evolved as a result of an inherent embodied momentum in the experiences of pregnancy and birth-giving. Women’s embodied focus was first drawn inward to the developing baby and to all the new sensations and symptoms, and then outward to the baby outside, and the work and relationship of mothering.

Overall, for most of the women, their active body image concerns post-birth were eased and re-contextualised by the embodied momentum of pregnancy and post-birth, by increased experiential focus on action and interaction, and by women placing increased value on the new functions of their bodies. For most of the women, interpersonal and functional body-self provided the integrative ground for their post-birth body-self relations.

**Research Question 3: Are there pathogenic and/or salutogenic forms of body-directed attending in respect of body image satisfaction?**

There was an association in the data (both in pregnancy and at post-birth) between use of external visual images and body image concerns associated with identity issues around appearance and sexual attractiveness. The participants described creating external and visual images of themselves as though from the outside when they monitored their appearance in relation to social norms about appearance. External somatic images associated with appearance concerns also figured in the body-directed
attending of women with long-term low body image and/or diminished body image satisfaction at post-birth.

These external visual images were different in content and phenomenology to the internally based, sensed somatic images that formed the bulk of the data. External visual somatic images were not sensed internally, but visualized as though from outside the body. The women did not experience them as “arising” into consciousness independent of attending ego, and then becoming integrated into body-self as they did internal somatic images. They did not include current internal somatic information. External visual images were rather constructed out of visual memories as mental pictures. These images were associated with specific aspects of self identity - sexuality and attractiveness - and often compared with external visual images of body from other times (mostly the woman’s own body, but also body image ideals).

The women who adapted successfully to body image challenges at post-birth utilized the body-directed attending process in a way that culminated in internal, global somatic images experienced as integrated with self. This kind of body-directed attending process tended to lead to relatively comfortable identification with “normal”, “just me” body-self. Although these women reported active body image concerns post-birth, their concerns were constructed as subsumed in, or contextualized by, an overall sense of comfortable identification with customary body-self.

On the other hand, the body-directed attending of the four women with low or diminished body image satisfaction at post-birth tended to culminate in external, visual somatic images of body image “imperfections”, experienced as somewhat separate from the attending self, and to report a sense of alienation from “normal”, “just me” body-self.
Theoretical Implications

The results of the research suggest that body-directed attending sequences culminating in internal, global somatic images may promote a sense of relatively comfortable identification between current and customary body-self, and by extension, positive body images. This view of the body-directed attending process in salutogenic operation provides both contrast and complement to the pathogenic process identified in Objectification Theory (Fredrickson & Roberts, 1997). In the process of self-objectification, the individual habitually monitors the body’s outward appearance in relation to appearance anxieties. The present research provides phenomenological support for the assumptions of Objectification Theory that appearance anxieties are associated with the use of external somatic images. The current findings also support the theoretical position of Objectification Theory that the way individuals attend to body-self at a moment by moment, experiential level has consequences for wellbeing (Fredrickson & Roberts, 1997). The current research raises the possibility that body-directed attending sequences culminating in external, local somatic images associated with body image anxieties may disrupt a directionality in most acts of body-directed attending towards a sense of relatively comfortable identification with current body-self integrated with customary, “normal” body.

Those women who used the body-directed-attending process in a way which culminated in “felt” or “sensed” internal, global somatic images experienced as integrated with self, tended to adapt well to the body image challenges of post-birth life. This form of somatic imaging was associated with meaning-making about body-self which included a multi-dimensional approach to evaluating body image, and acceptance
of new body-self meanings in the embodied momentum of childbearing towards function and interaction.

Those women who struggled to adapt to post-birth body image challenges tended to “see” body parts as though from the outside, in local somatic images somewhat distanced from sense of self. This mainly visual, parts-focused, and externalized from of body-directed attending was associated with a prioritization of appearance over function and sensation dimensions of embodiment, and with identity concerns. These findings underscore the simultaneously experiential and ideational nature of embodied experience, and of body image.

**Practical Implications**

The findings of the present thesis suggest some directions for understanding body-self relations in pregnancy and post-birth, and for conceptualization and treatment of body image dissatisfaction. The data suggest that women with pre-existing body image problems and those with post-birth trauma may be more vulnerable to body image dissatisfaction and associated ill effects at post-birth. The data also suggest that some women with a customary high level of body image satisfaction and no experience of previous body image issues may find adaptation to body changes problematic. The finding of increasingly stringent social standards for pregnant and post-birth bodies, and ongoing body image monitoring throughout pregnancy and post-birth, suggests that body image dissatisfaction in childbearing is likely to increase, not decrease in the foreseeable future.

In the women’s accounts of their experiences, some salutogenic and pathogenic processes of body-self relations were identified with respect to body image. It may be useful to consider an approach to body image change modelled on the salutogenic
processes utilized by women who adapt well to body image challenges. Such an approach would be based on an understanding of body image as having interrelated experiential and conceptual components, and take a multi-dimensional (appearance, function, sensation) approach to body image issues.

In the context of pregnancy and post-birth life, rather than focusing on changing women’s socially derived body image ideals (which seem to be stable and resistant to change), the focus would be on developing therapeutic interventions which assisted women to frame their body image evaluations inclusive of the new functions and meanings of their bodies; developing the “bigger picture”. Life span development perspectives, which provide a meaning context for accepting change to body-self may be helpful in this.

This approach would emphasize shifting somatic focus away from the appearance dimension and towards involvement with the functional, and to a lesser degree, the sensory dimensions of embodied life. Some body image interventions focus on ways to help women change their appearance evaluations from negative to positive. The findings suggest that this kind of approach may run the risk of increasing the preoccupation with the appearance dimension and the externalized, visual and local somatic imaging which feed the problem.

Given the interrelated nature of the experiential and conceptual aspects of body image, it may be that top-down changes in meaning constructions about body-self may not produce enduring change without attendant change in experiential processes of body image (and vice versa). The present findings indicate that women are aware of, and to a degree, experience themselves as in control of, their body-directed attending.
In the same way as cognitive therapy teaches people to notice and alter negative cognitions (e.g., Edelman, 2002), it may be possible to teach people to notice and reduce their use of self-objectifying visual somatic imaging, and to increase their use of salutogenic internal, global somatic imaging. Such a shift may increase women’s capacity to manage body image challenges by reducing self-objectification, and increasing women’s use of body-directed attending sequences culminating in internal, global somatic images which produce a sense of integrated body-self associated with wellbeing and continuity of identity.

The experiential shift aimed for here may also be produced by increased involvement in whole body activities that are inherently satisfying for the person (rather than focused on weight loss). The data suggest that when women relate to their bodies in action, as function, they tend to experience body-self as a whole, integrated body-self in the given action or interaction, rather than as a collection of local, specific somatic images. Thus more involvement with pleasurable body-in-action may increase women’s experiences of somatic wellbeing through more frequent use of internal global somatic images (and less use of externalized self-objectifying somatic images). However, this kind of strategy would raise the issue of how women might generalize a non-objectifying approach to body-self to situations which challenge their body image satisfaction.

In this sample, women with medium long-term body image satisfaction who placed lower importance on appearance were the most likely to maintain their customary body image satisfaction at post-birth. In addition, some women who took a habitually multi-dimensional approach to body-self, in which they had high investment in appearance, functional and sensory dimensions of customary body, maintained their
customary high body image satisfaction at post-birth. These women also tended to invoke body-directed attending frequently and purposefully for their own purposes in their everyday lives, and to regard sensory experience as a valid dimension of life with its own specificity, validity and meaning.

These findings suggest that lower investment in appearance and medium body image satisfaction are more robust to challenge. They also suggest that a view of internal body experience as personally meaningful, and conscious use of it for purposes such as generating positive self-states, understanding emotions and healing may provide a buffer against negative body images. Such an orientation also optimizes use of internal (and not external) somatic images. These findings suggest that body-mind disciplines which teach agentic use of internal body experience such as relaxation skills, internal visualisation, movement re-education and creative movement may be useful for some women in promoting positive body images. More generally, the findings suggest that in considering body image change for an individual woman, it may be beneficial to consider her ideas and beliefs about overall body-self, her use of somatic imaging, and the impact of her current life situation.

Methodological Issues

The qualitative, interpretative approach of this research involved an in-depth, detailed examination of the embodied experience of a small number of women in pregnancy and post-birth. This approach made possible an investigation of salient dimensions of embodied experience from the participants’ own points of view, and a detailed investigation of body image and body-directed attending in the context of the women’s multidimensional embodied experience.
However, although the size of the sample facilitated an in-depth and detailed approach to the aims of the research, it also entailed limits in respect to the generalizability and application of the findings of the study. The patterns reported here represent key themes for this sample. They are valid for this group of women, and can be understood as suggestive only, in relation to a broader population. For instance, all the women in the sample were reasonably happy to be pregnant, all were reasonably well resourced to support a baby and had uncomplicated pregnancies. Some of the findings about embodied experience, and body image in pregnancy and post-birth may be different for women in different circumstances. However, these similarities in the women’s experiences also acted as a form of control and comparability across accounts.

Similarly, it is likely that the model of body-directed attending, and the body-directed attending styles delineated in the findings would be modified and extended by research in other populations. However, although the sample in the current study was confined, this does not discount the present findings as a valid contribution to the evolving understanding of frameworks and functions of conscious body experience, and individual differences in processing embodied experience.

The findings were suggestive of patterns linking the Agentic, Action/Interaction and Symptom Perception styles of body-directed attending to level of body image satisfaction and to type of beliefs about body-self. However, the current sample was not large enough to explore these patterns. The body-directed attending styles delineated in the current research provide a basis for further specifically targeted research, linking individual differences in the processing of internal, conscious body experience to body image and other aspects of functioning.
In terms of the body-directed attending findings, a methodological issue arises from the data collection method. It may be that women’s acts of body-directed attending resulted in more language-based cognitive associations than they would were they not engaged in the (experientially unfamiliar) task of describing the act in words to an observer. Thus, the method of data collection may tend to over-emphasize language-based cognitive associations, and under-emphasize tacit, barely conscious somatic images and processes. However, it is hard to imagine at this point, a research method that might overcome this problem, and the relative homogeneity of the patterns discerned in women’s processes of body-directed attending provide a strong basis for the findings. An approach which would provide another source of information about body-directed attending not reliant on verbal processing would be neuro-imaging. The current research provides a practical, efficient method for eliciting body-directed attending for such research.

**Future Directions in Research**

The findings suggest directions for further research in the areas of embodied experience in pregnancy and post-birth, body-directed attending, and body image. The findings suggest that women who have long-term body image problems, and those who experience post-birth trauma are more likely to have difficulty adapting to the body image challenges of pregnancy and post-birth. Further research might contrast the post-birth adaptation of women with long-term body image issues and that of a control group, examining the factors – both experiential and ideational – that contribute to, or inhibit successful adaptation. The patterns that emerged in the data also suggest the
usefulness of an examination of the relationships between post-birth trauma, low body image and post-natal depression.

Further phenomenological research examining the process of body-directed attending in similar, and different, demographics would be useful in order to challenge, clarify and expand the phenomenological and structural framework for conscious body experience proposed in the present research. Such research might seek to examine the basic phenomenological process of body-directed attending, the directionality of sequences of somatic images proposed in the present research, the incidence of different kinds of somatic images, and/or the meaning-making activity associated with somatic imaging. The methodology of the current research provides one way of examining body-directed attending, and also of investigating meaning constructed bottom-up, arising in, and based in somatic experience.

The process of body-directed attending as outlined in the findings of the research has marked similarities (and points of difference) with the phenomenology of remembering - autonoetic consciousness (Conway, 2005). Each is a phenomenologically distinct attentional process involving the turning inwards of attention and the emergence of feelings, imagery and associations. The neural changes associated with autonoetic consciousness have been investigated through neuro-imaging. The method employed in the current study could provide a basis for exploration of the neural correlates of the experience of body-directed attending. Such research may reveal patterns of brain activation characteristic of somatic attending and open up new ways to understand brain-body interaction.

The research of somatic imaging as a distinct aspect of human functioning has clear application in body image research. The findings of the current research suggest
the usefulness of further research examining habits of internal and external somatic imaging in relation to body image. The present findings suggests that such research should usefully examine not only the incidence of pathogenic self-objectification, but also salutogenic somatic imaging culminating in global, internal somatic images. Such research would build on the research direction associated with Objectification theory in seeking to clarify the experiential correlates of positive and negative body images.

Investigation of somatic imaging may also have application in research of other psychological difficulties. For example, when a socially anxious person conceives of themselves as a social object, and suffers intense self-consciousness, this state may involve habitual externalized somatic imaging. If so, shifts in somatic imaging may be useful in overcoming this condition. It is possible that in a state of depression, lack of internal somatic imaging is a factor in the debilitating sense of emptiness and lack of feeling that sufferers describe. Research into somatic imaging associated with these problems may provide fresh ways to conceptualize and treat these conditions.

**Conclusion**

The research conducted in this thesis took an detailed, multidimensional view of women’s experiences of embodied life in pregnancy and post-birth. The view of women’s embodiment which emerges from the research is of a body-self composed of interrelated dimensions – appearing, being, sensing, doing and interacting - in a process of change and reprioritization. Body-self is often consciously aware of itself, existing in an alternating cycle between focal and background awareness. Personal and subjective experience of body-self exists in dynamic relation with events as they unfold, and body-directed attending provides access to sensed relation with events. Each woman’s ideas
and beliefs about her body are intimately related to her experiential habits of body-directed attending and somatic imaging, and this nexus can have salutogenic and/or pathogenic results in respect to her wellbeing and her body image satisfaction.

The thesis contributes to the understanding of embodiment in pregnancy and post-birth through the identification of key embodied dimensions and temporal landmarks which characterized the women’s meaning constructions about their bodies, by the articulation of a systematic shift in embodied focus, and by findings about correlates of body image adaptation at post-birth. It contributes to the ongoing task of developing a framework for the understanding and research of conscious experience of body-self by providing grounded descriptions of key aspects and functions of body-directed attending. The thesis contributes to conceptual and practical development of the body image construct by demonstrating that body images have interrelated ideational and experiential aspects, by showing that change in the appearance dimension of embodied experience is related to change in other dimensions, and by identifying kinds of somatic imaging which impact on body image satisfaction.

In conclusion, the present thesis represents a development in conceptualization about conscious body experience, and suggests the potential of further research of body-directed attending and its impact on areas such as body image, wellbeing and meaning construction. The findings open up fresh possibilities for understanding and promoting positive body images in childbearing and beyond.
REFERENCES


APPENDICES

APPENDIX A – INFORMATION LETTER
BECOMING A MOTHER: LIVING IN A CHANGING BODY RESEARCH PROJECT

Information about the research:

The Living in a Changing Body project is researching what women have to say about their experiences of their bodies during pregnancy and post-birth.

The purpose of the study is to gain a better understanding of
• The many ways women experience and understand their bodies
• How these understandings influence their experience of gestation and childbirth

The findings of this research may prove beneficial in the continuing development of knowledge about women’s relationships with their bodies and in childbirth education and post-natal care for women.

The study is being conducted at Swinburne University by doctoral psychology student Beth Shelton and is supervised by Dr. Glen Bates, who is a principal lecturer in Psychology in the School of Social and Behavioural Sciences. The research conforms to the principles set out in the Swinburne University of Technology Policy on Research Ethics and the NHMRC guidelines as specified in the National Statement on Ethical Conduct on Research Involving Humans.

How to participate in the project:

First time mothers are invited to participate in two interviews, the first when you are between 14 and 34 weeks pregnant, and the second between 8 and 12 weeks after your baby is born. During the interviews you will asked some open-ended questions about your experience of your body, your pregnancy and your baby’s birth. There are no right or wrong answers. You may not have anything to say about some questions and that will be fine. Your participation is completely voluntary and you are free to withdraw at any time.

The interviews will be conducted during 2003 and 2004. The time and place of the interview can be arranged depending on your convenience. The interviews will give you an opportunity to reflect on your experience. Many people have found the interviews to be interesting and enjoyable. Each interview is expected to take about 45 minutes to an hour.

If you are interested in being involved, please contact Beth Shelton via one of the following and I will contact you shortly:
Phone: 9589 6620
Email: bethshelton@netspace.net.au
BECOMING A MOTHER: 
LIVING IN A CHANGING BODY 
RESEARCH PROJECT

The interviews will be audiotaped and transcribed. All tapes and transcripts will remain totally confidential. A code name will accompany the transcript of your questionnaire and/or interview. Only the primary researcher will have access to codes. You will be asked to sign a consent form if you participate. Your name will not appear anywhere but on the consent form. The consent form will be filed separately from the interview transcripts.

All data will be secured in the office of the researcher. All tape recordings of interviews will be destroyed when the study is completed. The findings of this study may be published in a scientific journal, however your anonymity will be preserved and you will not be identifiable.

While there are no known risks associated with the interview procedure, sometimes talking about your experience can raise sensitive issues. If this should be the case for you and you need to seek help, please call the Centre for Psychological Services at Swinburne University for a counselling appointment. Phone: 9214 8653.

If you have any questions about this study, please contact the investigators: 
Student Investigator: Beth Shelton, School of Social and Behavioral Science, Swinburne University of Technology. Phone: (03) 9589 6620. 
Senior Investigator: Glen Bates, School of Social and Behavioral Science, Swinburne University of Technology. Phone: (03) 92148100.

If you have a query or a concern that the senior investigator was unable to satisfy, contact: 
The Chair, SBS Research Ethics Committee, 
School of Behavioural Sciences, Mail H24, 
Swinburne University of Technology, Hawthorn, Victoria, 3122.

If you have a complaint about the way you were treated during this study please write to: 
The Chair, Human Research Ethics Committee, 
Swinburne University of Technology, Hawthorn. Victoria. 3122.

Thank you for your consideration of this study,

Beth Shelton 
Doctoral Psychology student
BECOMING A MOTHER:
LIVING IN A CHANGING BODY
RESEARCH PROJECT

Consent Form

I have read and understood the accompanying information about the Becoming a Mother: Living in a Changing Body research project. Any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realizing that I may withdraw at any time. I understand that the project is for the purpose of research, and not treatment or counselling.

I understand that there are no known adverse consequences of the interview procedure. I am aware that I will be asked personal questions and I can decline to answer if I wish.

I agree that the interview may be recorded on audiotape as data on the condition that no part of it is included in any presentation or public display.

I agree that the research data collected for the study may be published or provided to other researchers on the condition that anonymity is preserved and that I cannot be identified.

Name of participant:........................................................................................................

Signature:..................................................................................................................

Date................
APPENDIX C – INTERVIEW PROTOCOLS
Interview Protocol: Pregnancy

Narrative/Phenomenological Interview 1–Experiential Reflection 1

The first data collection was in two stages: the semi-structured narrative/phenomenological interview, and the experiential reflection. Before the interview began, the interviewer described what to expect: some open-ended questions about women’s experience of their body, and their baby’s birth. She reminded participants that:

- there were no right or wrong answers
- if they did not have anything to say about some questions that was fine
- participation was completely voluntary
- they were free to withdraw at any time.

Before the interview began, participants were given an information sheet about the project and asked to read and sign a consent form. Also before the interview proper, participants were asked some demographic questions, and some general questions about the pregnancy. For example: How many weeks pregnant are you? Do you have any major health concerns at this time? Some general talk about the participant’s pregnancy was initiated to help develop a rapport between the participant and the interviewer.

Narrative Interview: Content

The major content areas were the pregnancy story and accounts of embodied experience in pregnant body. These main themes were introduced in a similar way to each participant. Follow-up questions depended on the participant’s response to these initial probes. During the interview, skills of summarizing and open-ended questioning were used to allow each participant to tell her story or respond to themes in her own words.

The Pregnancy (thus-far) Story

The first interview started with a request to the woman to tell her “pregnancy story”; her narrative about her pregnancy thus far. The women were invited to begin the story “whenever you feel it begins” and end it “where you feel it ends”. Participants did not express any difficulty in identifying this story and embarked on telling it without further prompting, most often with a minimum of input from the interviewer. The interviewer listened carefully and actively, interrupting as little as possible. She prompted the teller along the sequence of the story where that seemed called for.

Pregnancy: a changing body

Next, the women were be asked to talk about their pregnant body experience - body perceptions, sensations, changes, attitudes and symptoms. Open-ended questions included the following examples “Tell me something about what it is like for you to be living in this changed body, this post-birth body? What changes do you notice? What about how your body is seen from the outside? What about your experience of your
body from the inside? These questions were also designed to tap into the individual’s body image and her broad attitudes to her somatic experience.

**Foreshadowing the birth**

Each interviewee was asked about her thoughts and feelings about giving birth. The initial probe was similar to the following: “Could we talk now a little about the birth of your baby? What kinds of thoughts and feelings do you have about the birth? Follow-up questions might refer to the context in which she would like to give birth, who would she like to be with her and her attitudes to pain relief and birth preparation. Although preparation for birth was not a direct focus of analysis in the research, it was a necessary input to the interview process because birth-giving is an integral part of women’s embodied experience in childbearing.

**Experiential Reflection**

Lastly, each interviewee was asked to engage in an act of body-directed attention and to describe what she noticed (content). The invitation was close to the following: “I’d like to invite you to pay some attention to your body in the here and now, just as we sit here. Just pay a little bit of attention to your body and tell me what you notice.” When this description was completed, each participant was asked how she went about paying attention to her body (process), and whether the process she used was familiar to her. If the process was familiar to her, she was asked when and why in everyday life she might use that process (purpose and context).

**Closure**

The participants were thanked for their time and contribution to the research. They were offered a transcript of their interview, and asked whether they would like to be informed about any publication resulting from the research.

The women were also asked whether at this point they wish to go ahead with the second, post-birth interview. It was acknowledged that much would have changed for them by then, and that they will be in a challenging time looking after a new baby. It will be emphasized that women were free to withdraw from the research after having the baby if they chose. A preferred procedure for making contact again was negotiated with each interviewee individually (post, email or phone call).
Interview Protocol: Post-Birth

Narrative/Phenomenological Interview 2–Experiential Reflection 2

Interview Two was similar in structure to Interview One. It was also in two stages: the semi-structured interview, and the experiential reflection. Before the interview began, the interviewer described what to expect: some open-ended questions about women’s experience of their body, and their baby’s birth. She reminded participants that:

• there were no right or wrong answers
• if they did not have anything to say about some questions that was fine
• participation was completely voluntary
• they were free to withdraw at any time.

Also before the interview proper began, participants were asked whether they had any major health concerns at this time. Some general talk about the participant’s baby and her experience of new motherhood was initiated to help develop a rapport between the participant and the interviewer.

Interview Content

The major content areas were the birth story and post-birth body. These major themes were introduced to each participant in a similar way. Follow-up questions depended on the participant’s response to these initial probes. During the interview, skills of summarizing and open-ended questioning were used to allow each participant to tell her story or respond to themes in her own words. Women began by telling their birth story. Although the birth story itself was not a direct focus of analysis in the research, it was a necessary input to the interview process for two reasons. One was that the birth story was a story women wanted to tell at post-birth. The other is that the birth was the recent frame of women’s embodied experience, and an integral part of their embodied experience in childbearing.

The Birth Story

The post-birth interview started with a request to the woman to tell her “birth story”; her narrative about her baby’s birth. The women were invited to begin the story “whenever you feel it begins” and end it “where you feel it ends”. Participants did not express any difficulty in identifying this story and embarked on telling it without further prompting, most often with a minimum of input from the interviewer. The interviewer listened carefully and actively, interrupting as little as possible. She prompted the teller along the sequence of the story where that seemed called for.

Post-Birth: a changing body

Next, the women were be asked to talk about their post-birth body experience - body perceptions, sensations, changes, attitudes and symptoms. Open-ended questions
included the following examples “Tell me something about what it is like for you to be living in this changed body, this post-birth body? What changes do you notice? What about how your body is seen from the outside? What about your experience of your body from the inside? These questions were also designed to tap into the individual’s body image and her broad attitudes to her somatic experience.

**Experiential Reflection Protocol**

Lastly, each interviewee was asked to engage in an act of body-directed attention and to describe what she noticed (content). This request was framed in the same way as in the first interview. The invitation was close to the following: “I’d like to invite you to pay some attention to your body in the here and now, just as we sit here. Just pay a little bit of attention to your body and tell me what you notice.” When this description was completed, each participant was asked how she went about paying attention to her body (process), and whether the process she used was familiar to her. If the process was familiar to her, she was asked when and why in everyday life she might use that process (purpose and context).

**Closure**

Finally the participants were thanked for their time, and their contribution to the research. They were offered a transcript of their interview, and asked whether they would like to be informed about any publication resulting from the research.
APPENDIX D – EXAMPLE INTERVIEW AND EXPERIENTIAL

REFLECTION TRANSCRIPTS MID-PREGNANCY AND POST-BIRTH
Christine
Interview 1 17 June 2004

C, tell me about the pregnancy so far, from where you feel the story starts up to here.

I think both B and I had talked about it and about the possibility and entertained the idea that we’d like to do that together. And that was a really exciting part of our relationship. And then we went on tour together to Belgium and Russia and that was falling towards the end of the year and we thought that maybe towards the end of last year we would not so much try but we would not worry any more. We’d just be a bit open and see what happened. And pretty much straight away (laughs) bang. So that wanted to happen. And we think we conceived in Russia which was quite wild, cos I found out a little while after we got back. And that was an amazing feeling. I just got the cheap old test from the supermarket and I did it and I couldn’t quite believe that it was positive. It was that feeling of oh my god its actually says it is and so I did it again (laughs).

Were you together when you did it?

Well, we bought it together and it said its best it in the morning. You know you do it with your urine so and I had to go to the toilet really early so I thought I’ll just do it and B was still asleep (laughs) so it was slightly private. But then I tiptoed back into bed and said guess what (laughs). And then we did the second one together to be sure and yeah then it was on. And I had slightly suspected because I was late with my period but then that’s not unusual for me. So I wasn’t completely sure. I’d sort of been denying it in some ways thinking I don’t think I would be yet. I just didn’t think I could. And I’d also felt a bit tired, a bit more sleepy than normal and what was really nice about that period, just before finding out too was I felt incredibly calm. Like usually before my period you get a little bit ratty; that pre-menstrual thing comes in. I just didn’t feel like that. I felt really very calm. I said that’s different. Something’s different. I said to B yeah I don’t feel like I usually do and that’s partly why we got the test. And a little while after that….it was quite early on we found out I think about six weeks. I …yeah….And it took a little while but the hormones started to set in. Yeah. It started to…the morning sickness a little bit…just a little bit of nausea. I didn’t really have, I never threw up or was really bad and I learnt quite quickly that if I monitored my eating well, like kept topping up I didn’t, the nausea wasn’t so bad. So I didn’t really have a very bad time with that.

And how did you react to it?

I was just oh I’ve got to get through this bit. People tell you it often dissipates in a few weeks anyway so I knew it was probably there for a period of time. I just focussed on how to help it. Yeah, that’s what I did. It was like, well I better keep eating these sorts of foods and yeah, not gettiing overtired, because that was the other thing, when I was doing too much.

So you paid attention to it when it got worse and looked for steps to take..
Yeah. Sao biscuits (laughs)

**Can I just take you back one step? When you and B found and it was earlier than you expected, did it take some adjusting to?**

No. It was pretty straight away wonderful. It was like this is it. You know, we put out for it and it happened. He’d been joking with me teasing me cos I was saying I didn’t quite believe it could have happened yet and he was like I told you the job’s done! (laughs) He made jokes which would always make me laugh. But he was right.

**So, after the nausea…**

Yeah, so when that moved on it was really almost normal for a while except that I was probably eating more regularly than …like I, the hunger thing is quite strong. I wake up in the morning and just starving, absolutely starving. Or have a meal at night which is quite filling but another hour later be starving again. I just wasn’t used to that. So Ben and I just kept …feeding it up. (laughs) And then in the middle period I was working and performing, and just feeling really good in myself and my body. I felt quite happy all that time.

**Did you tell people straight away?**

No we kept it secret until….. I told my Mum because I wanted to tell someone. And I guess its nice in that early period, because it’s a tentative time. You are not sure where its going to end up, its probably nice to have some support, to have told somebody.

**Did you worry about the tentativeness of that time?**

Yeah a little bit. Because I remember when I found out I was pregnant too, I worried too, about the little amount of alcohol I’d had earlier. Even though actually prior to conceiving pretty much I had cleaned a lot of that out of my system. I did make a semi-conscious semi-subconscious (laughs) effort to kind of, just be a little bit considerate of my body and health before conceiving. But in Russia there was the Russian vodka. (laughs) So there was one night I remember having a few vodkas. And I hadn’t for a while. And that was the only time really. Yeah. And then we were back here and bought this little caravan and I was doing some painting, and I did some painting in there and I remember getting a really strong headache after doing some of that cause its pretty strong stuff. And I was worried about that. But I spoke to a few people about my concerns but they said that its very likely if there was any damage done, that early on, you would have miscarried. Like it’s the most, what do you call it…vulnerable time. And the chances are if its fine now its fine, you know.

**Who did you speak to about your concerns?**

I think I might have mentioned it to the doctor once and to….Yeah I’m sure I mentioned it to the doctor and to other people I’d seen. I remember talking to Jane Refshauge about it as well. And probably a couple of friends. Not all at that time, but it just popped up
across the pregnancy that that was one of the things that I was a little bit concerned about. And then you know just the reading I’ve done and stuff… I guess you’re exposed to so many different things all the time and part of that is building up the body’s resistance to..

**Do you mean chemicals and stuff?….**

Yeah I guess we live in the city and its polluted and ….its not really an ideal pregnancy when you read some of the…that book by, I’m not sure of her name…The natural way to conceive better babies and the natural way to better pregnancies. She really goes quite hard core. It’s a bit full on. I took it with a grain of salt really. Cos, obviously in an idealistic situation you might be in the country away from everything and doing it completely organically and all of that. She talks about that as the optimum kind of thing and so I was looking at some of that and I think it plays upon your mind a bit when your situation’s not that ideal. But…

**So you had a feeling that your environment is not as pure or as nurturing as you would like it to be?**

Yeah I think it just at certain times, feel like, if I was driving across town sometimes really, I noticed I was probably more aware of everything, like the smells and the pollution and stuff like that. And good smells too like I..but that was particularly strong in the first trimester, the scent of things **really changed**…..and sometimes that was annoying because it was so strong I couldn’t ignore it. (laughs) And I had a couple of things like that with food like soy sauce, I haven’t still come around to that yet. It’s still really strong for me. I can have it now but I couldn’t….its probably the one strong thing. I didn’t have strong cravings. I had one – for Special K one night. I don’t even like it so I don’t know what that’s about.

**So it sounds like you think about the boundary between the baby and the world and keeping the baby’s environment good?**

Yeah I think so. I like to….I like to imagine that its quite a sacred space in there. And that I’m responsible for what it receives and what it feels and….the times that I’ve had, I’ve felt sad or a little bit emotional and sometimes that’s triggered by something and sometimes it doesn’t seem to be. And I guess across the pregnancy these have been few and far between. Generally I have felt really happy and good. But there’s been a couple of times I think usually if I’m overtired or some little thing’s niggled at me. Yeah I’ve felt sad and I’ve felt bad about feeling sad because I guess yeah I just feel like it goes right through my body the sadness when its there. And I remember thinking that’s probably not necessarily great for that little being.

**So you feel that the baby will feel your sadness**

Yeah.

**Just straight through.**
Yeah.

**No protective thing, its just that what you feel, the baby will feel?**

Yeah I think so. I mean maybe….I talked myself slightly out of that because then I’d be worried that they’d feel that too much. But I wasn’t sure. I didn’t know. I just was conscious of when I was feeling those feelings, more than when I was feeling great. (laughs)

**So you mainly thought about it if you felt more negative.**

More when I felt a negative feeling. I dwelled on that a little bit. I think too, we went to a couple of movies that were probably not so…I was more affected by violence and….. not wanting to look at those kind of images. We went to see Kill Bill. (laughs). And there’s some great stuff in there but it is pretty full on. And a lot of its tongue in cheek too but the sound was really loud and me being aware that the baby could hear, I found myself wrapping it up in my coat and not feeling very good about.. I’m already starting to try to censor what it should be exposed to or not (laughs) I find myself doing that a bit. Happy to watch not so… more interested in things that are more easygoing. My nicest times have been when I will sit in the sun and expose my belly to the sun and just sit and think nice things about it, and just sort of imagine about it, the baby.

**Inaudible**

I think I just like to send little messages like…. subconscious. I don’t know. It’s a thought process that goes down into where the baby is and I think I just like imagining the connection between us, and its presence, and kind of welcoming it in a way, I guess. And yeah imagining what it can feel. Like if it feel the warmth of the sun or whether its eyes are open and it can see a change of light. Just trying to tune into it.

**And they are peak time?**

Yeah I like those moments. They are just nice. Because you tend to get carried away with all the things you’ve got to do and what you should get done while you’ve still got time and sometimes sitting and just being isn’t top of the list, you know. Its kind of something you do when you feel you’ve done…everything else is done. So I do a few of those things. Even just, I’ve sewn some things. Yeah I quite like making things and that’s a good time to be in touch.

**So you tune into the baby. What about from the baby other out? For example, do you remember when you first felt the baby move?**

Yeah. That’s a really nice feeling as well. When it first started happening I remember thinking oh is that just a tummy gurgle or…I wasn’t sure, but I liked the idea that it was it. And I decided that it probably was. Because they move so much, and even though they are little there were sensations and that was pretty nice just starting to get a sense
there was someone growing in there. (laughs) and that I could start to get a sense of size, through movement and of course now that’s really nice because its quite….sometimes its quite full on (laughs). But its nice because its so close. It feels like its right there and you can…. I feel like we can feel each other. And that’s really nice. And Ben can too. I like that part of it, that he can share, even seeing it move now.

So you enjoy the baby’s movement?

Yeah. Always. It’s always good. I remember getting, not nervous, but a little bit concerned when it would go quiet, be really sleepy for a couple of days.

So the movement is reassuring and a nice connection?


Did you have an ultrasound?

No. I opted out of the ultrasound. The little bit of reading I’d done about ultrasound put me off. And I think there’s such a thing in our society because technology’s available now that you should just do everything and it’s become second…. just the way you do it. And I don’t necessarily think its always necessary. Like I’m not in the age bracket where they say that you are a bit more at risk of certain things. I did the blood test. It was a hard decision. It wasn’t an easy one because of the pressure that you could, you could be interfering with finding out something that…It was hard to decide what to do about that because even if you were presented with information, the statistics say its not 100% true anyway. So we were thinking well we could be told good things. We could be told bad things. And we wouldn’t necessarily…that would play on our minds either way, and we won’t necessarily know the truth until the baby’s either out or we take further tests which are even more invasive, which have repercussions of losing it anyway. We did talk about it a lot. And one of the things that was comforting in talking to my midwife was that you know I’m young and well. And the blood tests I got back from the maternal serum testing…were really, you know risk category, obviously they can’t give you your answer but my risk category was really, really low. I mean, they usually are. But she said even for my age, it was better than a 15 year old. So I felt some comfort in that I guess and decided that the repercussions of the ultrasound now with the technology much stronger as well. They are sending in higher frequencies even than they used to. And I’ve heard that the foetus just doesn’t like it and its really invasive for it and I was just really reluctant to interrupt that. And that it possibly can interfere with the developmental path of the foetus as it is growing. I just didn’t feel …like I wouldn’t have had a good time if we had done it. And part of me wanted to do it too, because its such an amazing thing to see. But I decided that the photos and that, I can do without that for the peace of mind.

People react to it differently

Yeah, And I suppose too, we had no desire to know what sex the baby was. So that was not part of the decision.
Do you still feel that?

Yeah. I’m getting more curious now. I’ll speak for myself. Cos its getting close to meeting it and you start to wonder who it is (laughs) and all of that. But I’m happy. It’s kind of exciting not knowing.

How has it been for to be a pregnant body after being a different sort of body?

Yeah. I guess its quite full on. Just as a dancer, my body’s been so the focus of my life. And you see right now it is too, but in a very different way to what it usually is. It’s been great. I’ve enjoyed the change and getting bigger and… feeling the weight differently in my body and I’ve had Alexander all the way through too, to which has been really good. With J. And she’s been helping me before I got pregnant with injuries so it’s an ongoing thing, but its probably been really important while my body, the weight has changed so much which has affected the injury as well but not…I was worried about that. About how the injury was going to go because it was my hip. But I seemed to have really good ways of working with it. So that is good. Yeah. I think there’s definitely days where its hard because more so now that I’m bigger, I just don’t feel, it’s just not as easy to be the way I usually am in my body. Like even stretching. I might feel like just doing a little stretch on the floor. I can’t really do the things I would normally do and I feel a little bit restricted by that and I miss that a bit.

So you missed a bit of control or freedom……or just doing what you normally do.? 

Yeah. I miss that a bit. Even cuddling up to Ben in bed and there’s this …its kind of nice too, that there’s something between us now literally (laughs). And I kind of like it but sometimes I wished I could like push my body right up against his as I used to. Sometimes I miss that feeling of fullness across the front of my….and then there’s days when I don’t feel good about my look. Like I have days where I ‘m a little bit focused on whether I’ll go back to what it used to be.

What are your fears about that? First what don’t you like in the now and what would you like to go back to?

Well my hips have widened, I think, a bit, so that’s changed the shape around the back …..area and not dramatically but it does feel different for me… and the thighs as well. That’s probably where I feel like I’ve changed the most apart from… my stomach and uterus. And because I’ve lost a lot of muscle tone that I used to have, that’s just a different aesthetic.(laughs) And I’ve kind of liked that as well and I haven’t really missed dancing. I miss it but I’ve enjoyed the break as well. I think I’ve been doing it for a long time. It’s quite hard. And I think with an injury too, my body was really ready for change and rest. So that’s been very welcomed.

So you are happy about how your body is managing. How you look from the outside has changed and you feel two ways about it. One part of you is enjoying it and says yes there’s room. There’s room in my life and its different The other part
is saying oh I don’t want to have big thighs and wide hips or whatever it is. I want to have the body I had before.

Yeah. I think I want to be able to…its something about change and possibly its to do with age too like what it will be like from the outside. Not that I think…the body changes all the time. Mine’s already changed from age before its been pregnant in terms of its …susceptibility to hard stuff. It takes longer to recover than it used to.

You mean to hard dancing or injury…like that?

Yes. The warm-up and the warm- down time is really important now, I’m noticing. I always was quite conscious of it but it wasn’t that much of a deal, and …even probably five years ago to the way I am now. And I’ve worked it pretty hard…in the ten years….of professional dancing fairly constantly across that time. And I guess that’s. you do get used to a certain way that you are in your body, what you know your body to be and…. its different now.

And what are the important parts in that state, of what you know your body to be, as you look back to then?

Really agile…. and quite strong for my size as well….. and…..and light. I’m very heavy at the moment (laughs).

So light was a big part of it before?

Well yeah, just the feeling of lightness even, not necessarily…And I’m not that…and it hasn’t changed that dramatically but I feel really kind of weighted. Which I have to say I’ve liked that. I’ve liked the weight in my feet. I’ve kind of enjoyed feeling that groundedness. Its suited me in this period of time. But like I can’t sit on Ben for too long now. (laughs). Cause his leg goes to sleep (laughs). You know……and I guess you worry you might not be as attractive as you used to be. You know ….that your body might not go back to what it was and whether that’d be…how different you’d look. You don’t really know what to expect so there’s a slight…feeling of that. And whether, I think I have thoughts about sex as well. You know, with a natural birth, how much that’d change and whether ….whether you’d be desired the same way , whether when you actually resume that part of your relationship whether it’d feel the same.

Yes

I guess the tummy getting back again and incontinence (laughs) as well. That’s another one that. Yeah just worried that I’ll have to work hard to get those muscles working again. But I guess, its just not talked about a lot. It’s one of the things that I find…particularly women after they’ve had birth, it’s not something that they really… those parts that are private I guess.

Do women talk about it if you ask?

Some will. It’s partly a matter of personality.
It probably is an issue for people but perhaps it’s hard for women to talk about their genitals?

Yeah.

In respect of age and attractiveness, were you feeling that your body had changed in that respect before you got pregnant?

Only in relation to the injury. I did feel like I’d aged a little bit. I had a very full-on breakup with my partner before Ben, a couple of years before we were together. And that really did some….it really made me feel …..change, that was probably needed anyway. But yeah, I guess part of me felt…when I looked back at photos of myself before that time…there was more of a youthfulness and perhaps that I felt a bit bitter for a while. Not ….I didn’t feel bitter, but I was very hurt by that experience and I remember feeling that that carried through my body for a while and then it started to…it just was a process I guess….

So is it true to say that you feel that as emotions and experiences pass through your life, they are carried by your body for the time, perhaps in every cell?

Yeah. Pretty much, with me. Yeah. And it can be the smallest thought that I’ll carry something in my body. Pretty much. Yeah, probably I am quite driven by my heart. You know, people talk about your head, your heart and obviously there’s both, but emotions are quite strong in me. I can switch my head to that place, but its probably….sometimes I feel that the balance is a little bit more weighed out over…

Feeling?

Feeling things

And your feelings exist in your whole body?

Yeah, I think so……And they do tend to. I think so. I haven’t really thought about it before.

What about how other people see your body, since the pregnancy, the change?

In terms of pregnancy?

Yes. I guess pregnancy and the change into pregnancy. For example what you were saying about attractiveness, will I be attractive….

Actually, it’s all been very positive in my experience. People say you look amazing. You’ve really got that glow, you know all sorts of things which are great to hear because you just feel big or a bit awkward than what you used to and its sometimes really nice to hear that….how people see you. And that’s true. I’ve felt that. I do feel
…like my face feels nice. And um….yeah….I think the hormones I don’t know, they bring…I don’t know what the glow is…..bit they do bring that.

Again, about the body side of things? Do you feel different about being yourself in your body now? Like you talked about you agility and strength before…do you feel as much “you” in this body now?

Yeah I think so. I think I do……………..

I’d like to ask you just in the here and now to pay a little attention to your body and tell me what you notice.

(7) I notice the baby’s moving…(5) and ….and…(13).that’s the most predominant thing (laughs) when I’m doing the thing (Paying attn to body?) it can be really distracting ….its nice to tune into that…. (3) I feel the weight in my feet. I like sitting in this ball because I like….its warm and I like movement…..(6) I think probably there’s a slight feeling of.. not nerves…(4) there’s a like a slight…there’s an energy here around the heart chakra that I think’s to do with the fact of me talking and that…. (4). I want to be clear for you and I’m not sure how clear I’m being. (laughs)

You’re doing a great job. (laughs)

And that’s just me worrying….I want to be articulate but I’m not sure how articulate I am at this point in the pregnancy (laughs).

And there’s a very slight pull forward in the shoulders, with the new weight at the front but when I’m conscious of that bow, with the stuff I’m doing with Jane, I can really work with try and open that out so that’s…I mean that’s happening now, I’m doing that.

You mean right now?

Yeah. And feeling like the stacking of the spine starting up in the atlanto-occipital joint

How do you go about doing that?

It’s very much to do with our sessions and her reminding me with verbal and tactile cues. She goes back and says very simple kind of statements that I now can draw on. Like we only had a session yesterday so its pretty fresh in my body. I do…sometimes in the night I will wake up with pain in my hip. That’s happened. And it can be really uncomfortable and then I’ll do these meditations in the middle of the night. And I can spend quite a bit of time. It’s weird but I quite like it now. I’ll go right inside the skeletal structure and feel around where any discomfort is. And I like to trace the whole spine and then I find points of tension as I go that I wasn’t aware of, and I’m able to, just through locating them and feeling that they are there I can kind of send them energy through more. And I find that doing this around the hips and the pelvis and spine I can often relieve myself of pain and send myself into quite a deep sleep after that.

How wonderful.
Yeah. It’s really good. And I think that’s been a key to my ability to keep carrying….. like I haven’t rested as much as they say you should. I think sometimes its because maybe sometimes those meditations give me a deeper rest when I do rest.

That process – is that something you worked out for yourself?

Yes. It’s true I’ve had quite a bit of cranio-sacral osteopathic work in relation to the injuries, and noticing how subtle that the work is but how profound the changes are, and I guess I’ve applied a mixture of my Alexander, the lines of energy – pathways – and the feeling of what the osteo’s done with me, and my own body sense. Combining those three things has been really good.

Fantastic.

Yeah. It doesn’t always work to the fullest…..when I first get up the weight in the injured hip is quite painful, when I first stand but its definitely so much better.

Can I ask you to cast your mind back to when I asked you to pay some attention to your body and you spent quite a bit of time locating different kinds of things? How did you go about paying attention to your body?

OK, so just stopped talking for a start, and (phone interruption)

Stopping talking for a start….

Yeah, stopping talking and then….I guess slowing the breath down to register where everything is…..(inaudible)… and as soon as I do that I feel aware of the baby whereas when we are talking sometimes its moving and I won’t be keying into it. I have to kind of pull back a little bit and have a look inside. And I see my skeleton, oh….more my spine I guess, that’s always a really strong image that comes out and I can sort of gauge where the weight’s falling around it. Because I’m on the ball I guess the feet just are more….

Pertinent?

Yeah, because I’m moving and the weight’s shifting there.

What about this bit how does that come into your consciousness?

Oh, its connected with that slight pull forward that was happening. So sort of a little bit closed. I guess that’s a winter thing too, when its cold. You know, you just have a slight, it’s a bit more…yeah… knitted together there. Um…but its really a feeling. It’s a feeling.

And you notice it if you take your attention inwardly?
Yeah. I can sit out of sight of it otherwise and not notice it. I think that with that… there’s maybe a little bit of tension in the throat…. but that’s…that’s kind of just…. just….hang on a minute….that’s not necessarily in relation to us…. sometimes I think – talking –

Yeah. Do you notice sensations like those ones, you said chakra or throat or heart, do you notice those kinds of sensation very often? Clearly you often notice your spine and weight shifts around it, do you often notice these sort of things as well?

Probably not as much. I will if I draw my attention to it. It’s not very often in the day you just stop and think what you feel like in your body. You might say I feel a bit sad or I feel really happy or I’m really looking forward to that dinner tonight or…you’ll talk about those things but you don’t…its not very often that you’d actually stop and say I feel this in my body.

That sort of process that you did…you did a few really, you did that real scanning of the internal….. What sort of situations do you think you would do that in?

Um….I do that for myself. A bit like that meditation I talked to you about. That kind of thing. When I’m trying to engage with the baby I do it. Just try and be still and kind of tune in. I think when you are unwell you do it. You sort of try and feel where things are and  (inaudible)

So if you do the meditation it would be for the purpose of making yourself feel better?

Yeah, usually or.. yeah. And it can be slightly…. its also like acupuncture. You feel like you get things moving in your body. And I think its easy to ignore that in your day to day life things

OK . Well lets have a bit of a think about the birth…when? where? how? Whatever is in your mind about it.

Um…I guess its sort of changed a little bit. We’ve employed a private midwife. We chose to do that because early on we went to Choices for Childbirth – a group of independent midwives. They run talks and workshops and discussions and have information about birth. We went to a couple of sessions and it was really interesting. Its like a whole new world, the birth and baby side of life. And I’ve been aware that there are choices that you can make. You can choose for a home birth and ….. I guess I’m not a huge fan of the hospital systems and hospitals in general. I don’t really like them. B doesn’t either. He’s got a real fear of hospitals I think from when he was little. And also my experience in my health through my dance and stuff….a general practitioner and.

(interruption because tape finished. Notes only used for remainder of interview)
Midwife will be with me. Someone who knows me and will be there...can trust her and look in her eyes and feel some confidence in where I am at through her experience. Also there – B, M, Mum, H.

The Royal Women’s Birthing Centre was good. Dissatisfied only with doctor

Labour as long as possible at home

In smooth scenario – might stay at home but plan probably to go to birth centre as this is our first. I like the idea of staying here but fear of what happens after birth – having what you need.

Would love to have a natural birth without interference. I’d really like that. But if not, I’ll do what’s safest.

I’m prepared to try and work with it. Expect it to be extra...I’m so sensitive I key into things which aren’t that big. For example the muscles around my injured hip – tight – get really annoyed, can focus on it too much

It’ll be different to what I’ve experienced before. A different level.

Approach – Just deal with what comes in the moment. Deal with one thing at a time

Have tried perineal stretch. Find it uncomfortable. Good to do.

Unless I get a sense something is wrong I’ll try to go through it. I can be pretty determined so good chance. People say – you are so little. How will you get it out?

Christine
Interview 2 October 23th 2004

C, if you could start by telling me the story of the birth, from where you feel like it started to where you feel like it ended.

Ah. It was an amazing experience, first of all. Amazing. The first indication that anything was going to happen was some water in the night, but it was just such a trickle that I never actually thought it was my waters breaking because I’d heard so many stories about the big bang and the gushes of water and I was expecting that and that wasn’t the case. So I rang the birth centre to let them know and see what they said and they said come in and have a check-up. So we did that and in the process of doing that they had to check that the baby was safe. They checked that the waters had broken and they told me that yes, part of the sack had broken which was causing the leak and then they did the foetal heart thing and told me that if I didn’t go into labour within 24 hours cos that had happened I would be induced. So we spent actually a lot of the day at the
hospital cos they checked me all day. And that was a real downer I have to say that day. Cos I had such a great pregnancy and it just put a real flattener on it because I have my own midwife and was planning to, if all was well possibly have a home birth so that really threw a spanner in the works. But we went home that night and I was quite determined to bring the labaibur on myself so Ben and I mixed cocktails of castor oil and ooh yeah (laughs). We went jogging and driving over bumpy roads, you know, we did everything. I did dancing to bounce the baby down and then I went to sleep sort of a bit defeated but at 12.30 I felt something new happen, and it started and then it just was on pretty quick. Like it felt pretty full on. So B lit the fire and looked after me..

**Just tell me about the “full on”**

Yeah. I had cramps in my stomach, not in my stomach, but down in my abdomen and my lower back. I felt it just come in waves, this sensation, and it was different to anything I’d experienced before.

**And it was full on?**

I felt my whole body bracing towards it, the core of my body and I..I enjoyed it at first because it was like its happening, and it was exciting. And every one that came was a reassurance that it was actually real. But it was kind of painful and I remember starting to make noise with it too so having to groan a bit with it. That was just what my body called for. And yeah so we lit the fire and I moved around a lot. Ben looked after me till morning. My Mum was next door in the other room asleep and she came in in the early morning and I remember one really bad contraction I was having down on the lounge and the fire spit this giant coal which landed between my toes and so it was like being prodded with a hot iron as well as being in the most intense contraction (laughs). The midwife came around 10 the next morning and we set up the birth pool in the late morning here in this house and H came, my Mum. And people were just very quiet and minding their own business really and I was just totally in my own space. I actually don’t really remember much about anyone else or anything else except being completely in my own…. state. And the pool was great because I could maneuver my body without the heaviness of the weight that I was feeling that late in the pregnancy. And it got very intense late in the afternoon. Like I vomited in the pool (laughs). I didn’t have much left by then because I’d actually emptied everything out already. Just an incredible thing that it goes right through your whole system. It just cleans you right out and gets you ready for the pushing stage I guess. And I ….around 5.30 in the afternoon I’d been going for about 20 hours here …. I really felt exhausted. I couldn’t think of food but I was just having bits of water. That was the only thing I could keep down and… I didn’t feel I was progressing any…much more. Like I just felt a bit stuck. So I said that to the midwife and we decided to go to the birth centre, get a change of scene. And so we left and it was peak hour traffic and that was hideous. The ride was really, really full on in the car. I just was curled up in a ball on the back seat, gripping the back seat. And we got there and a few contractions later I made it up to the birth centre. It was good though. It shook it up a bit. Like I needed the change of scene. And they got me into the bath and the shower and we kept working and 2 hours later I was getting really strong sensation to push and I wasn’t quite dilated enough so they had to give me some gas and also because I was….just the sheer exhaustion of going that long,
constantly, pretty constantly. The midwife when she came thought that it was going to happen very fast. She arrived and she got blankets ready for the baby and all of this at home, because the space between the contractions was…. I can’t remember what it is now, but it was such that it was probably going to happen soon. And also the sounds I was making I think were quite (baby break)

Yeah so, I got some gas and I really really cuddled onto B then, and ….or squeezed him very hard, more to the point. And the gas allowed me to move through a contraction without pushing, if I really concentrated. It was very hard. It’s such a strong urge. Like it’s an overwhelming urge to push. I guess it’s a bit like breathing. Like you’re meant to do that. And I…and then soon after… they realised that my waters hadn’t actually fully broken. They did an internal. And after the internal it popped. And it then it was…I couldn’t imagine it could go any more full on but it did (laughs). And I…and 2 hours…ah no….quickly after that I got to the pushing stage. I was dilated enough. And in 20 minutes he was out… once I’d got to that point. So… we worked out that the thing was that he was actually posterior so he needed the time to turn. They worked it out late in the delivery. And it was amazing getting to the pushing stage. I really enjoyed that. Because finally… I felt I could really be doing something quite active. Even though I’d been very active in the labour anyway, did lots of pelvic movements and changed position a lot…I ended up half on the bed with my feet pushing into the midwife and…I can’t remember who else had my feet actually..(laughs). I’ve got it written down but it’s a bit of a blur. And yeah, pushing was a great sensation and his head came out and… that was just so exciting, because yeah here he is coming. And everyone was saying his eyes were open and he was blowing bubbles and the midwife took my hand and placed it on his head and that was just a beautiful feeling. And then I felt kind of really in control of it all too, actually, having my hand on his head because I could sense where my pushing was taking him. And then.. oh yes, in a couple of contractions after that he came out. And they brought him straight up onto my stomach and… we worked out that it was a little boy and (laughs) it was just amazing. And yeah, people had a bit of a cry. It was just such an amazing thing. And the midwife in the birthing center said it’s the most amazing birth she’s seen for 2 years. They were asking me if I’d done some hypno-birthing technique which I hadn’t heard of. But I had done a lot of reading about Alexander and my Alexander practice with JR as well. And we’d talked a lot about the birth. And the reading that I did about the sounds that you make and the…letting it out…letting it go through your body. Say an aah sound as opposed to an ooh sound is much more open and gives you….doesn’t constrict anything. And so, the more you constrict different parts of your body, even to your throat….and I noticed that when I did constrict in my throat the pelvic floor has a tendency to tense up with that. It’s like it has immediate reaction in my body. And I think maybe in other people’s, but I definitely have that connection. And so I really was able to try and be aware of that during the labour. And …I made a lot of noise. I think I let a lot of it just kind of…I opened my throat and let it come out there so it didn’t get too banked up (laughs).

So you had a feel even before the birth that you had an aim of allowing the energy to move through…Is that how you would describe it?

I think so. The reading I’d done….. and the best reading I’d done was actually about what physically happens with the uterus during a contraction. That really helped me
understand the pain and what was going on. And I found that, all the other reading I’d done about birth, this was the most detailed for me, in this Alexander book, and the most useful for my brain and body anyway to cope with what was going on.

And that was physiological information about what was muscually going on in the uterus?

Yeah. About where it was lifting and what was changing and how the breath might affect that. And things like gripping in the wrists and hands - how you stop the flow of energy if you do that too much…so you want to…as much as you can. I mean obviously there’s a point too where you’re in a lot of pain and you’ve got to go with that as well. You’ve got to kind of scrunch up a bit (laughs). But yeah it was amazing and I think that was also attributed to the fact that I didn’t tear when he came out. I was able to control the flow of the actual pushing stage.

Yeah. And then we cuddled up naked all three of us after that. It was amazing. The most special moment in your life really I think.

How wonderful. I’m so glad.

Yeah. It was a very positive experience. It was long. About 24 hours total but it was really positive.

Sounds wonderful. When you look back through it what was the most difficult or challenging moment for you?

There were perhaps a couple. But one when I was in the birth pool at home and I got overwhelmed with the pain and I vomited. That was pretty intense, that moment. And another one..

Just before we leave that one, how did you come through that one?

When the vomiting stopped, even though it wasn’t very much….you know that pulsation that goes through your body when you have to vomit, when that eased off…that gave me a bit of space and I think that…..I think I just went back to breathing. Just breathing, thinking of breathing. Sometimes, I remember H there. I didn’t really…occasionally when someone touched me it was OK. But most of the time I couldn’t bear any other sensation on my body. I know a lot of women talk about getting massaged on their back and part of me was looking forward to that (laughs). I was like yes I’ll be calling upon those services as much as I can. And I couldn’t stand it. I had to have no…even the lightest touch was too much. So I think when the sensation of the vomiting stopped and I could go back to breathing….I think they got me out of the bath as well. I think continuing to change your focus so you don’t get too, too stuck in any one place and that is what helped me keep going through the intensity of it.

So what kinds of focus did you chose…breathing was one repeated one…

Yeah, breathing.
Sound, I suppose was another.

Yeah. My sound. Yeah. Oh…..I think it was like going into a trance really. The only time I can think of actually changing it myself was when I looked to my midwife for a bit of guidance late in that twenty hour block.

When you said you felt stuck?

Yeah.

And what was the “stuck”?

I started to say things like I don’t know how much longer I can take it. I don’t know how much more I can handle this. I’m getting really tired. It’s really hurting. Make it stop. (laughs). That sort of stuff. It got to that sort of level. And I’d fortunately been to a conference about or a workshop or talk, whatever, from the women from choices for childbirth and they talked about….one session with RD, called Embracing the Intensity and that actually helped to prepare me for the fact that I was going to be in intense pain and that it was normal. So knowing that it was normal and OK enabled me to work through a lot of it.

What about in the now? What’s it like in your body now?

Well I’m loving motherhood, and that’s great. And that gives me the joy to wake up every day and every night (laughs) to do it. Especially now that he’s much more responsive. It’s very delightful. My body now feels pretty shocking, actually.

So tell me about “shocking”?

I miss the freedom to just go and do what I need when I need. And even when I orchestrate to fit in what I need in, it doesn’t always work. And that’s partly because I’m trying to study at the moment and I have to…my focus is already split between those two things that I come last. My body comes last in the picture. And I don’t like that because usually its always come first.

The body? The body-self?

Yeah. Yes. And I always put him first and then my study and get around to me. Oh and of course, B. I try to make that a priority too.

So how does that leave you feeling in your body now?

I’m….My supraspinatus muscle is very tight (laughs). Yeah, the whole shoulder, rotator cuff area is very sore from, I think, a change of breast weight, from holding the baby and picking him up all the time. And I’m also still coping with the change from pregnancy, the weight shift and the…. going back down. I think too, breastfeeding is beautiful but it does draw a lot of your energy I think. So that just….I feel really stiff in
my back and I think that’s to do with the whole….the pregnancy and the change of hormones (baby break)
So there’s that. And I feel…I get very tired around my ribs on the right. I think because I’m right handed I tend to do a more of the holding on my right side. So I feel a bit uneven. And I get to points with it where I get really, really frustrated. I just don’t know how to fix it. And also cos we’ve been really, we’ve been really poor because I haven’t been able to work so doing things like going for massages and all of that has not been high on the priority list cos we haven’t really been able to afford it. Yeah. So feeling a bit catch 22. So I try and go for walks. And B’s great. He’s always saying let me know what you need and I’ll arrange time and you can do what you need to do but, as each day goes on and you just deal with the moments I often don’t….I think the trick is to really plan ahead for your moment in time (laughs). And I haven’t really been as onto it because I keep going with what I have to do today. Yeah. As opposed to setting aside an actual time for this to happen.

What about your body in terms of function? Being able to do things? Like when you do move, how is it, perhaps in comparison to the past?

Yeah. I feel quite stiff, still. And I think there’s a slight fear that I’ve lost my strength and fluidity and some of my ability.

Your gifts?

No, no, I wouldn’t go that far(laughs). But I guess there are moments when you do consider that…the thought of that loss. But I don’t dwell there too long. Because I know even without the baby, before being pregnant, in moments of a drought period you’d often feel these sensations and feelings. Its just the same really, except you’re slightly more stiff (laughs) because you haven’t done things for ….you know I haven’t really done that much since the late pregnancy.

So its just a kind of self-doubt that arises out of feeling in a stiff state?

And I think more, it’s your perception of what other people would be thinking about things like….you know you see some of your past or future employers out and you see them seeing you with a baby and….I just don’t want to be sort of ticked off as “oh she’s not doing that any more” or “she won’t be able to”. I don’t….I think that I worry more what other people might perceive my state as being.

So, do you take any steps to make sure you don’t look like that?

I did before I had him. I was like don’t exclude…don’t assume I’m not interested. Please always ask me if you want me to be involved. So I’ve already set that up before I had M. And that’s paid off already. I’ve had a potential offer for next year and I’ve expressed my interest. But obviously it is different now.

How about your body as seen from the outside?
For me I feel I’ve lost a little bit....my body’s changed a little bit from the pregnancy and the birth. I still have....most people would laugh because I am small, but for me it’s a change, as I still have a bit of a tummy from the residue of the birth. I ‘m sort of comfortable with that so long as I am feeling fit enough in my body, not feeling so sore and tired. And when I feel sore and tired I feel frustrated that I’ve, not frustrated, I feel a bit flabby. Generally a little bit untuned. And the same with my bum (laughs). I feel....And also the pelvic floor because that gets such a full on workout in the birth and I’m still working that back, the strength there. I’ve had a bit of urgency incontinence and that’s stressful cos its....I think its very normal and from the study into Pilates I’ve done its very normal and it’s the number one cause.....so yeah I’ve been working on that and that’s probably the most work I’ve been doing besides walking.

So that’s your first priority in a way? It doesn’t sound like you are much concerned with people looking at you from the outside?

Nooo....Not too much.

Just a bit in case you look a bit flabby or untuned cos you’d prefer to look....?

Yeah. I’d prefer to look like I …particularly around the dance scene. I don’t really care other than that. Its only really in relation to my work actually that I feel a little bit conscious, self-conscious of how I might appear. And I saw a whole lot of people last night and everyone was commenting on how well I looked and how god it doesn’t look like you’ve had a baby and all that stuff, which is great for your confidence when you’re feeling a little bit....But I did make an effort too, to go out because it was important to me, being one of the first times of stepping back into that scene that I did have some, did feel kind of OK about myself.

So did you dress in a particular way.. as you wanted to look?

Yeah well I’d been in my, in my really bad tracksuit pants all day ..they are really quite tragic (laughs) and there was no way I was going in those. Let’s put it that way. I just put some lipstick on and put my hair up and put a skirt on and that was the extent of my...I didn’t spend a lot of time but I did feel good. Yeah.

OK. M, could you just spend a bit of time paying attention to your body in the here and now. Just take however much time you want to do that and initially, just tell me what you notice.

(7) Straight away I feel that my neck extensors are...sort of...they’re not elongated. They’re sort of...my head’s protruding forward so my shoulders are slightly rolled forward into a bit of a slight kyphotic... state. And I feel....so I really feel a tension around C-7, so in thinking about that I’m just going to sit up on my sit bones so I don’t feel so slumped. And I feel abdominal muscles are..they’re sort of warm and stretched (laughs). They’re not very strong at the moment which is probably why I am getting the tension in my back cos I’m not quite getting all the support I need after all the stretching from the pregnancy. And my shoulders are a bit up. And I think that’s a lot to do with carrying that little boy.... and really tight. Like the thought of someone just pressing
their thumbs in there is great……I think I feel a little bit sort of scrunched in my face and that’s to do with the thought of all the things I have to do, and that bears me down a little bit and I’ve a tendency with my right hip to be pulling it in and up and that’s an old injury that I’ve been working with a lot. And definitely when I go into body awareness I feel the tightness in my hips….. and as I let them go I can feel the weight more into my feet and that feels more comfortable…..Yeah the most strong sensation when I think about my body is that I want to……I want to spend some time on it and like go for a swim or…yeah swim, and do a yoga class. That would be really good just to stretch out and I really want a massage.(laughs). And that’s putting M to sleep.

How did you go about paying attention to your body then?

OK. I close my eyes and take a breath, and just, for me I like finding my sit bones so coming into an awareness by sitting in a slightly more correct postural alignment allows me to get more in tune with that…or I’m not sure if that’s the aftereffect of starting to come in tune. I’m not sure which one’s…the chicken or the egg. But definitely the closing of the eyes, and the breathing and just quietening down for a second to allow the thought, the sensation to transfer into thought and then for me to vocalise it.

What kind of situations in your life might you use this kind of process or any kind of body awareness process?

I often do that sort of thing at night, laying in bed, to help myself unwind from the day …..And in relation to my hip injury I’ve done it a lot and that can be when I’m experiencing discomfort I realize that there is attention needed, to go in. So I’ll do that if I’m in the right time or place to do it. I’ll try to do it anywhere but sometimes I find that I can’t do it if I’m doing too many other things. I do need to find a bit of a space in my brain to do it. I find it takes some concentration. But walking I can use it, through motion and do that kind of an awareness.

In your life at the moment, would you do that - consciously invoke your physical experience in that way - once a day?

Yeah. Yeah. At least once a day. Probably consciously once a day, but if things aren’t…if I’ve got space and time I’d probably do it a bit more than that. Or like I said if I was in pain or having discomfort, I would usually have to stop and address it, so that would mean more than once a day as well. But generally probably once a day.

When you went to your face and you said my face is a bit scrunched up and its to do with all the things you need to do and you know that that is there…just tell me a bit about that.

Yeah. I think sometimes I realise that the facial muscles there’s so much going on there all the time because its your main means of communication and expression to the outside world and I think that I transfer a lot of my worries into that space, up into my face and I’m trying to be more aware of it so that I do make sure I let go of those muscles.
How do you know that it’s your worries that is connected to that sensation in your face?

Cos its sort of …I mean its the same as in my shoulders…but I feel more concerned about it being in my face but its like it rises up, sort of from your system…like the thoughts of things you’ve gotta do. Maybe its to do with the connection that the brain is I right there. I don’t know. Yeah because even with a thought…to think of something you transfer your eyes to the left say, when you want to think of something creatively or your eyes have a pathway that helps you think and so the muscles that are there with the eyes…and also the tongue when you are trying to concentrate often is involved or when you really think about something you might frown. So all those things come into play in the face and so I have to make a conscious effort when I ‘m concerned about things to not let it get stuck in my face.

So its an overthinking that gets retained in your face? And you recognise the sensation from when you were doing the thinking and its almost like an afterprint of it?

Yeah. It sort of hangs on. And its also I’m aware of it. I think this learning to teach people too, you observe how people take on information and when they take it on in their face you realise that they are overworking to utilise this information. It happens in the throat. It happens in other parts too but the face is really a good reader. And you want it to happen to certain other parts of the body but you don’t want them to get tense in the face. And because I’m doing this stuff at the moment I’m aware of it. Also, having a baby and seeing his face how open it is and how unconcerned about anything he is except when he wants food or he’s crying….his face, it changes too but a lot of the time its beautifully open and that’s I think when you look at it you realise that’s something you’d like to have (laughs) There’s an openness and a freedom there. It’s about youth.

Partly its about how you feel from within and partly about how you look from the outside?

Yeah its about that too. It’s a feeling of relief for me but its also that there’s a beautiful youthfulness in young people where they haven’t hung onto too much responsibility and I think it comes with….and so if you can deal with all the tiredness and responsibility but also keep your face free as well..

Its reminding me of what you said about what you tried to do in the birth – experience the intensity but not constrict against it.

Yeah. They talked about that in the book. A lot of women tighten in the jaw and screw up the face and yeah, in a way the head is like another extremity and when your hands and your feet are clenched it reverberates up into your core and the same I think for your face and facial muscles.
What’s your core?

It’s a stupid word….its being used a lot right now with all the Pilates study and they talk about core stabilisation. I think of an apple core and its centre. You know you eat around the apple and you get right into the centre. So I think of the core as my centre but I see it in the torso and around the abdomen…..but for me if I think of my true core it incorporates my heart and yeah its an emotional place as well. Whereas they don’t talk about that in Pilates. They are aware of it but they stipulate, they make a distinction between the spiritual core and the physiological core.
APPENDIX E – BODY-DIRECTED ATTENDING DATA FORMS

- RECORD FORM
- INTEGRATIVE TIME1 & TIME 2 FORM
- BODY-DIRECTED ATTENDING PROFILE FORM
- EXAMPLE DATA
Experiential Reflection:
Body-Directed Attending Record Form: Pregnancy/Post-Birth

Participant:

Time:

Experiential Reflection

Content 1:
Content 2:
Content 3:
Content 4:
Content 5:
Content 6:

Process

*Her action words at time of doing BDA:*

*Her Description of her Process:*

*Her action words in description of process:*

*Summary integrating her content with her description of her process:*

*Overall Process Summary:*

Contexts and Purpose of her use of body-directed attending:

*When:*

*Where:*

*Why:*
Integrative Pregnancy and Post-Birth Body Directed Attending

Participant:

Process:

Content:

Purpose and Contexts:
Body-Directed Attending Profile

Participant:

Everyday Frequency of Intentional BDA:

Purposes:

BDA process and “set”:

BDA Outcomes:

Pregnancy:

Post-Birth:
Experiential Reflection:  
Body-Directed Attending Record Form: Time 1/Time 2

**Participant:** Amy  
**Time:** Pregnancy

**Experiential Reflection**  
*Time silent: 3 secs…5…2…3…12…*

**Content 1**  
I have got a little bit of a sore throat

**Content 2**  
My body feels generally quite relaxed

**Content 3**  
I have got pins and needles in one of my legs

**Content 4**  
I feel comfortable…I feel very comfortable in my body

**Content 5**  
I feel like my baby is having a little sleep at the moment

**Content 6**  
Yeah. I think that’s pretty much it.

**Process**

*Her action words at time of doing BDA:*  
I have got..my body feels…I have got…I feel….I feel…I feel…

*Her Description of her Process:*

“Well I just closed my eyes and I just sort of checked inside mentally. I went straight to where I knew I had a bit of discomfort which was in my throat and then I looked around for other areas. I suppose I just inwardly sort of scanned through my body and anything that came up I talked about.”

“To break it down I went to the most obvious thing first which was my throat and then I mentally scanned through my musculo-skeletal system to see if there were any other discomforts. I went to where there were pins and needles in my leg and then I was trying to feel what was happening with my baby and there were no kicks or anything so
I thought OK I’ll leave that. Then I had a feeling of how my whole body was feeling
and it felt relaxed.”

Is all of this happening from inside your body as if you are inside your body?
Yes. The inside. On the inside.

**Her action words in description of process:**
: ‘closed my eyes, checked inside mentally, went straight to, looked around, inwardly
scanned, anything that came up I talked about……
I went…I mentally scanned….I went…I was trying to feel….I thought OK I’ll leave
that…Then I had a feeling of…

**Summary integrating her content with her description of her process:**
A went straight to her a symptom, then to a global evaluation - tension. She then went to
a symptom, and again a global evaluation – comfort. Is this a pattern of symptom and
global context? She then noted the baby’s (lack of ) activity and interpreted it as sleep.

**Overall Process Summary:**
A “checked inside mentally” or “scanned through my body” by “going to the most
obvious thing first” which was her sore throat. She then noted a global body sense of
relaxation. She then “looked around” / “mentally scanned” her “musculo-skeletal
system to see if there were any other discomf orts”. Again A is on a hunt for discomf orts
and symptoms. She discovers pins and needles in her leg. Again this is followed by ‘a
feeling of how my whole body was feeling” –“very comfortable”. There is a positive
valence to the global feelings/evaluations despite the presence of the symp toms. She
tries to feel for the baby and then leaves that.
A uses primarily visual action words to describe her process. She was definite about her
process. She describes it as a series of actions taken by her with a spatial dimension
(inside, went straight to, looked around) and clear intentions (to discern discomforts
and check for baby’s movement). She also describes the process as noting “anything
that came up”. This reveals a sense of the embodied sensations as having their own
action which A discerns, (Gendlin’s “arising”). There is a sense of both action taken by
A in order to examine aspects of her internal world (“went straight to.”) and of contents
arising in A, noted by her (inwardly scanned and anything that came up..”).
A meeting of top-down and bottom-up mental processes? The global evaluations seem
to combine “arising” and “intent” ( I had a feeling). A also notes levels of sensory
contents from “obvious” to less so.
A’s process seems to relate very strongly to the beliefs evident in her story about the
importance of discerning symptoms and body states in order for her to take action and
maintain health and comfort. Interestingly, though she sees stored emotion as important
in regaining health, she does not mention emotional dimensions other than global
feelings of relaxation and comfort (states to which she is very committed).

**Contexts and Purpose of her use of body-directed attending:**
Contexts: A says the BDA process is familiar and identifies an intention as the context in which she would use it: “I think it’s just familiar from liking the feeling of being at peace in my body and not enjoying discomfort and if there is discomfort in my body (laughs) wanting to eliminate it.” This broad intention is congruent with the focii A employed in her BDA – identifying local discomforts and global body states. A says that having identified a discomfort she would “find a way of alleviating it”. She would do this by direct means (e.g., massage, heat) or by questioning herself to identify the source of the discomfort in stress, fatigue, emotions.

“Or I ask myself are you tired? Do you need to rest? Is that why you have a headache? What have you been doing? Have you been stressing out a bit too much? Are you feeling anxious? You just sort of question yourself to investigate why this has come up at this time.”

A says she is often able to trace back her discomfort/symptom to events that have happened during her day and by doing this over time has learnt to predict when she might get discomfort in a situation (say a sore tummy) and change her behaviour “take a deep breath and not get involved in this.” This she describes as “getting to know your body”.

A says that she “probably’ does this kind of scanning “a hell of a lot” but she is not conscious of it all the time because ‘I am probably so used to doing it” (See also P6, last p). A suggests that she would do it a lot more than someone who would “pop a pill” to relieve a symptom. A is committed to working out the why of her symptoms, to gaining the “information” they hold for her.
Experiential Reflection:
Body-Directed Attending Record Form: Time 1/Time 2

Participant: Amy

Time: Post-Birth

Experiential Reflection
Time silent: 2…3…6…9…12…20 secs

Content 1
I notice just a…. bit of tiredness around the body. It seems to be there all the time lately (laughs)

Content 2
(3) …My butt cheek is a bit sore sitting on this ball and I’m aware of my baby lying on my tummy…. And my throat’s sore from talking …

Content 3
(6) …my toes…faint tinge of hunger in my tummy…

Content 4
(9).…calm ..feel warm….feel pretty good actually

Content 5
(12)……..peaceful. I feel peaceful…………..

Content 6
(20) Do you want me to keep going or?

Process

Her action words at time of doing BDA:
I notice…I’m aware of…feel…feel….I feel…

Her Description of her Process: :
Well I just sort of turned my focus inwardly and…. went to what was immediately obvious and I suppose what was immediately obvious just felt like something around me which was a feeling of tiredness, just a faint feeling of tiredness. And then I kind of moved into my body and went to the spots that were the more obvious spots and the most obvious spots were – muscular, there was a muscular thing. My butt cheek and my throat, cos I’ve been talking so its…I suppose all the obvious things came out and…..Mmmm
… I moved from the physical to how I was feeling emotionally……It was inner and outer. Its quiet in here and…. it just felt that that matched my mood inside as well, just the …. (5) peacefulness that if, I supposed I really analysed it, it might be a peacefulness that…. I feel about being a Mum as well.

Her action words in description of process:
turned my focus inwardly …. went to … felt like… I kind of moved into my body….I suppose…. I moved from the physical to how I was feeling emotionally ….. it just felt … …peaceful..
Summary integrating her content with her description of her process:

A turned her focus inwardly and allowed the most obvious feel to arise. This was a sense of something around her (fatigue). She included this feeling “around” her as part of her body experience. She then moved her focus into her body and again, allowed feels to arise one by one, pausing in between to refocus. The content moves from a sore muscle in her buttock, to the feel of her baby, to a sore throat (from talking), to her toes, to hunger in tummy (symptoms and sensory contents focused in body parts), to calm, warm, good, peaceful (global background emotion). She seemed to be flowing easily from one feel to another and this impression was reinforced by A asking “do you want me to go on” in a way that suggested she could keep going easily; that stopping was arbitrary. She implied that today BDA feels to her like an ongoing process (rather than a finite set of contents).
The contents of her BDA are very similar to her T1 BDA.

Overall Process Summary:

A’s process seems to be related to her general frame of mind at the present of “going with the flow”. She includes space around her in her body, is flexible in her focus, allowing feels to emerge from her throat to her toes. She notes symptoms and signals (sore muscle, throat, hunger, tiredness) which is in line with her T1 BDA. Also like her T1, BDA she notes global body state. This time she uses more emotive words “calm, warm, peaceful” and describes a shift from “the physical to how I was feeling emotionally” For A “feeling” is both emotional and physical. There is no specific line between them.

When A is naming her feeling she shifts from calm to “no, peaceful” seeking exactly the right word. (This is reminiscent of Gendlin’s “finding a handle”). She also engaged in another kind of process in relation to identifying “peaceful”. She sensed a match between her external environment (which she already invoked at the outset of the BDA) and her internal environment. This match was part of arriving at “peaceful”. “It was inner and outer. Its quiet in here and…. it just felt that that matched my mood inside as well, just the …. (5) peacefulness that if, I supposed I really analysed it, it might be a peacefulness that…. I feel about being a Mum as well.” As A talks about her sense of “peaceful” she senses that it may be linked to her general feelings about being a Mum. A created a peaceful moment here. Her process was flowing - open to phenomena that came up (still within her system of body beliefs and scanning habits) and she seemed to exhibit a kind of continuous openness to feeling and sensation.

Contexts and Purpose of her use of body-directed attending:

Contexts: A says the process of BDA she used is familiar to her. Like T1, she identifies contexts for employing it in terms of her own intention. This time the intention is to gain consciousness and understanding of her emotional state, especially if she notices that feelings have arisen (e.g., agitated, angry) p.8 or someone has brought her attention to her emotional state “Oh, A, what’s wrong with you? You are angry today.” “Tuning in” to how she is feeling in her body, “that process of going in”, might be accompanied by thoughts about what has prompted the feelings. This process seems to be similar to
A’s T1 context for BDA. At T2 however, she is focused mainly on gaining emotional awareness and understanding rather than mainly on avoiding physical discomfort and alleviating symptoms as she is at T1.

In considering contexts when she’d “check in” with her body, A suggests that it’s actually a “constant thing that I do….Doesn’t every body constantly do that? …I’m sure I do. I’m sure I constantly do it. In fact I if I thought about how many times I did it I’d probably…go quite mad because I just, it’s a constant thing that I do. She recalls that at T1 I asked her to notice how often she was conscious of her internal/body experience in her ordinary activities. A observes “I started to count and within about 2 minutes I realised that I was doing it so much anyway that it was pointless to keep counting because it was just a continuous…I think unless you are sitting down and you’re locked into the TV or reading a good book or absorbed in some activity then you don’t do it as much. But when you are not focused on something else I think , well I think do you check in with your body a lot or I do.”
Participant: Amy

Process and Content:

P7’s BDA is unlike P6’s BDA, for whom the content was different T1 & T2. It is also different in content of T2. (P6 - external image, focus on appearance change) Here the overt content was very similar T1 to T2, but the directionality and outcome of the process was quite different. At both times, A scanned for and reported a sore throat (which appears in her story as symptom with a history) discrete symptoms located in her musculo-skeletal system, noted her current sense of her baby and global evaluations/senses. At T1, there was an alternation between local and global (relaxed, comfortable) whereas at T2 A reports that she arrived at her global gestalt “peaceful” moving from outside her body to going in, to obvious then less obvious feels, then shifts from symptoms and sensory feels to emotional feeling. (To A feelings can be either physical or emotional) She searches for the right word for her (background) emotional feeling. She identifies “peaceful” as an inner-outer match. She created a lovely moment there. The process was unhurried, flowing, accepting of what came up. She made a possible connection (“if I really analysed it”) between this feeling of peacefulness and her sense of herself as a mother. Another matching – of feel to life context.

Seen in the light of reconstruction of body image or the construction of a mother, A’s process seems to be a positive action - recognizing or creating peace in a demanding time (and one in which she has suffered a substantial disappointment with the birth). In her story three times she talked about “going with the flow” of events and in this BDA she seems to do that, its unhurried rhythm of sense and speak. It is purposeful in retrospect though, with what she creates or discerns (peace) and in the shifts out, in, obvious, faint, whole and feeling, re-name, arrive at satisfying name and then suggesting a connection with her primary life role at the present.

Purpose and Contexts:

A says the process of BDA she used is familiar to her. Like T1, she identifies contexts for employing it in terms of her own intention. A takes a quite purposeful and agentic relation to noticing her body. This time the intention she talks about is to gain consciousness and understanding of her emotional state, especially if she notices that feelings have arisen (e.g., agitated, angry) p.8 or someone has brought her attention to her emotional state “Oh, A, what’s wrong with you? You are angry today.” “Tuning in” to how she is feeling in her body, “that process of going in”, might be accompanied by thoughts about what has prompted the feelings. This process seems to be similar to A’s T1 context for BDA. At T2 however, she is focused mainly on gaining emotional awareness and understanding rather than mainly on avoiding physical discomfort and alleviating symptoms as she is at T1.

The other major difference is that at T2 A is understanding the BDA process as virtually continuous, except when her attention is “absorbed” in an activity like reading or TV. I had asked A to note how often she employed BDA and doing this was what led to her perception of its virtual continuousness. I didn’t ask any other participants to do this, so
have no data to compare this to. It may be that A is noticing low level and continuous attention to body which forms part of consciousness. It may also be that some individuals pay more conscious attention to body than others and A does it a lot, as she says.

**Some Issues Arising**

- The relation between global and local “feels”, in particular arriving at global evals/feels.
- The finding a handle process A used and the relation of her T2 process with Gendlin’s felt sense process….what she creates is a sense of **something** (perhaps her as a mother, in this moment now..). Maybe what’s therapeutic in felt sense is the matching of inner and outer or concept and percept?
- A’s use of matching inner (self) and outer (quiet in here) to arrive at “peace”.
- The meeting of bottom up (arising) and top down (global, naming, connections to events, ideas) – linking them in the BDA process
- The actual process she uses @ T2 - the shifts – outer to inner, obvious to faint, local symptom to global body sense, and background emotion, re-name, arrive at satisfying name then suggest a connection with her primary life role at the present. Feels like it contains elements found in other P’s accounts and clearly shows a systematic process, quite developed, not just a series of feels.
- The continuity/ubiquity or discreteness of conscious body attending
- Matching inner and outer “feels” as part of BDA. She says she does this. But does she also match bottom-up feel with word/concept? Yes.
- Matches! Could be as important as comparisons. Inner-outer; named feel and life context; raw feel and word…
- Seeing the BDA as a process which can be more or less purposeful/developed and which has a directionality and an outcome
Body-Directed Attending Profile

Participant: Amy

Everyday Frequency of Intentional BDA: High

Purposes:
Responsibility for own health, emotional wellbeing and self-knowledge
Amy says that she pays conscious attention to her body “a helluva lot”. She is purposeful and agentic in her use of BDA. She reports that she uses BDA in her everyday life to notice and eliminate discomforts and symptoms, and because she values “the feeling of being at peace in my body.” She responds to the symptoms she discerns through BDA through practical means of self-healing (heat, massage, exercise) and by seeking to understand the source of emotional feelings. A says she is often able to trace back her discomfort/symptom to events that have happened during her day and by doing this over time has learnt to predict when she might get discomfort in a situation (say a sore tummy) and change her behaviour “take a deep breath and not get involved in this.” This she describes as “getting to know your body”.

BDA process and “set”:
Amy approached BDA in a very similar way at T1 and T2. At both times, she scanned for and reported local symptoms/percepts - a sore throat (which appears in her story as a symptom with a considerable history) and symptoms located in her musculo-skeletal system. At both times she invoked global somatic percepts – relaxation, comfort and peace. This “set” is highly consistent with her ongoing purposes for BDA of symptom perception and the experience of wellbeing. Amy included her baby in her BDA both times.

BDA Outcomes:

Time one
Amy checks the current state of an old symptom and reports a new one. She establishes that these symptoms exist in a global body-self state of wellbeing. Lastly she scans for her baby’s movement. Her baby’s (lack of) movement comes as one of a series of somatic percepts. She “went to” and then “left” the baby, just as she “went” to other local percepts. Connecting to her baby is part of a process that also includes symptom perception and the discernment/construction of wellbeing.

Time Two
At Time Two Amy’s BDA again discerns/constructs a sense of global wellbeing – peacefulness. Amy’s feeling of holding her baby emerges as part of a series of unhurried sensings and verbalisations that moved from outside her body to going in, to obvious then less obvious somatic percepts (including “my baby lying on my tummy”), a shift to emotional feeling, a precise naming of the feeling “peacefulness”, a match with the external atmosphere and with her sense of herself as a mother. Her baby and her identity as a mother are integral parts of this sequence.
Experiential Reflection:
Body-Directed Attending Record Form: Pregnancy/Post-birth

Participant: Catherine

Time: Pregnancy

Experiential Reflection

Content 1
(4) At the moment I don’t have a backache

Content 2
I’m sitting here feeling very comfy

Content 3
() Very little awareness at this very moment of being pregnant

Content 4
Cos I’m just feeling very relaxed and

Content 5
() There are no aches and pains and

Content 6
I can’t feel any real movement at the moment

Content 7 (follows prompt: and separate from being pregnant…)
I’m hot. I’m really, really hot and I’d like to take my jumper off but I feel like I don’t want to, I don’t know why. Actually I will take it off.

Content 8
I feel just very normal, very me, very unchanged actually.

Process

*Her action words at time of doing BDA:*
don’t have, sitting, feeling, just feeling, can’t feel
(and after prompt) I’m, I’d like, I feel like, I don’t know, I will

*Her Description of her Process:*
I didn’t look at you. Like I sort of had to try and …I think I, well I did it in a very physical sense. I sort of thought through….you know sort of like I went through from top to bottom how the body felt.

*On the inside?*
Yes on the inside. Head to chest to stomach to sort of down to my feet. Does that make sense?

*Her action words in description of process:*
didn’t look, had to try, I think, I did, I sort of thought through, I went

*Summary integrating her content with her description of her process:*
Catherine cut out interpersonal and visual stimuli and scanned the inside of her body from top to bottom – head, chest, stomach, feet. She alternated between noting the absence of discomforts and making global evaluations of wellbeing – comfortable,
relaxed. She also checked for evidence of pregnancy and of movement. All the symptoms she mentioned were related to her pregnancy (in her story). She seems to have answered the request very much in context of the interview and my interests—with an interpersonal slant on her internal body experience.

Given the prompt to note things not specifically to do with pregnancy, she noted a strong sensation “hot” in the moment and ambivalence about meeting her need to take her jumper off, and a decision to do so. (I will). And a global eval—a matching with “normal” that her body feels “very normal, very me, very unchanged”.

Absence of new discomforts equals me and normal?

**Overall Process Summary:**
She enquired of her body in a systematic way about being pregnant—about aches and pains and about movement. She noted her global sense of wellbeing. When asked she extended her enquiry to how she, Catherine, felt now. And discovered that although she was really hot, she was conflicted about taking off her jumper (appearance? Propriety?). On becoming aware of this she decided to do so. And she made an overall and global eval that she feels “very normal”.

**Contexts:**

**When:** occasionally in bed when highly stressed

**Where:** First response—yes she’d use it in everyday life. Then she identified it as a yoga process (“where you actually think about part of your body”) and decided not in everyday life, “not at all actually”

**Why:** only if asked, a learnt process (in Year 12) she uses occasionally for stress-related insomnia
Experiential Reflection:
Body-Directed Attending Record Form: Time 1/Time 2

Participant: Catherine

Time: Post-Birth

Experiential Reflection

Content 1
(1) I notice that my back is funny. My back’s still ..yeah I am still stooping and my tendency is to lean forward like I used to when I was pregnant.

Content 2
(3) I think I feel pretty soft. I feel soft around the stomach and soft around the waist

Content 3
(4) And I feel very ….uncertain about myself as a sexual person.

( Here follows Catherine talking at some length about her “trepidation” about resuming sex and about concerns about the appearance and changes “down there” since “pushing the baby out”).

BDA –rel talk
‘We haven’t had sex yet but intend to shortly. But a friend of mine described it as being like a virgin again and it is partly very accurate. Really accurate I think. And when Guy was examining me last week he said that it all looked good and I said that to be honest I haven’t had the mirror down there and he laughed and said that lots of women do you know. And I said I know that and one of the women in the mother’s group was telling us that she had a look at herself and cried for three hours. And I’m like huh… I thought a) you really looked at yourself? and b) it caused you to cry for three hours? And she said yeah I looked like an absolute mess. Anyway (laughs). That’s made me think ohhh…..And I was discussing it with Vince he said that he probably didn’t know what it looked like before let along what it was like now. He could tell me if it was different. It hadn’t really occurred to me that physically you might look different, perhaps feel different. But I don’t feel as if I am much different for having pushed the baby out…”

Process

Her action words at time of doing BDA:
I notice, I am still stooping, I used to, I think I feel, I feel, And I feel…

Her Description of her Process:
Like I did last time, for a minute I had to shut my eyes and even now when I’m telling you what I’m doing I need to shut my eyes and actually you know think about myself sort of from head to toe which I did in yoga quite a bit. In very basic terms I thought that my head feels normal, my arms were normal, my back and certainly my stomach
and genitals and stuff don’t quite feel normal but my legs feel normal. So it was a very I suppose physical….

Are you feeling it from the outside, inside or both? More the inside, I think

*Her action words in description of process:*
I had to shut my eyes, I need to shut my eyes, think about myself sort of from head to toe

*Summary integrating her content with her description of her process:*
Catherine scanned from head to toe verbalising aspects of her body experience that deviated from “normal”. This process brought up ‘my back doesn’t quite feel normal” which Catherine describes/explains as a postural deviation (stooping and leaning forward) associated with being pregnant. Next she internally notes “certainly my stomach and genitals and stuff don’t quite feel normal” which she verbalises as “I think I feel pretty soft’ in her mid-body – a sensation (to which she doesn’t attribute a cause or attitude). In respect of the “genitals and stuff”, Catherine verbalises this as an emotional feeling (uncertainty) about her sense of herself as sexual. “And I feel very ….uncertain about myself as a sexual person.” This construction/self-statement is then made more specific and body-centred by her subsequent talk about her concerns about the appearance and sensation in her genitals post-birth and her trepidation about resuming sex.

*Overall Process Summary:*
Catherine went in, scanned comparing now body to customary/normal body (which is characterised by an absence of symptoms). The aspects of her body she identified as not being normal were her back (to which she attributed a cause/precedent) her waist and stomach (which she simply described as a sensation) and her genitals (about which she constructed a broad emotional self-statement and then explains its connection to her body in discourse.)

*Contexts and Purpose of her use of body-directed attending:*

    **Contexts:** “Only when my body does sort of something that sort of alerts me to it. Like when I’ve done a big walk and my body is sore. Or ….yeah one thing I forgot to mention earlier is breasts. That is very foreign. I still can’t believe sometimes that I stick my breasts in his mouth. (laughs) I don’t find that very natural and bonding. I like to cuddle him but…” She goes on to talk about her feelings about breastfeeding – its “weirdness”.

**When:** When body “alerts me” through soreness or sense of foreignness

**Why:** For Catherine This is not a conscious intention. It arises. (In this case asked by researcher.) In this instance, she explained one, described one not normal gestalt, and constructed one into an emotion-based statement about an important aspect of herself. So though she does not consciously invoke body experience, she uses attribution, verbalises sensation and links current concerns with body-based sensations. These processes may not therefore be a property only of those who invoke their body consciously and often.
Integrative Time 1 and Time 2 Body Directed Attending

Participant: Catherine

Process:
Process was very similar at T1 and T2. Both times Catherine drew her focus inward by closing her eyes and scanned from head to toe. Her general gestalt or organizing principle re her internal experience seemed to be normal Vs not normal at both times. At T1 she summarized the BDA using this distinction and at T2 specifically described it in relation to each sensation/gestalt. “Not normal” is associated with pain and with foreignness. Absence of aches and pains is associated with being relaxed and comfortable.

Catherine rarely invokes conscious body attending. It arises or is triggered “when my body does sort of something that sort of alerts me to it.” Thus for Catherine internal body awareness may tend to be aversive in that “normal”equals no discomfort and no conscious awareness. At both times Catherine remarked that she adopted a “very physical” focus. At T1 she made global evaluations re comfort and relaxation. At T2 she attributed a cause, described a sensation and matched a sensation with a salient aspect of her present self (sexual self and related BI concerns)

Content:
Both times her first verbalisation was about her “back”. At T1 absence of symptoms and change was the focus along with global wellbeing. At T2 She notes postural, sensate and self-image changes.

Purpose and Contexts:
Why: Occasionally in bed when highly stressed to alleviate insomnia, when asked in yoga, Mainly in response to body’s cues. Then she does use attribution, global eval, descrip of sensation and matching with self-state. She does use BDA gestalts (somatic images?) to make sense. She just doesn’t consciously invoke them.

When: “Only when my body does sort of something that sort of alerts me to it. Like when I’ve done a big walk and my body is sore.” A bit uncertain at first whether she’d use it in everyday life – decided that she doesn’t.
Body-Directed Attending Profile

Participant: Catherine

Everyday Frequency of Intentional BDA:

Rare. Catherine rarely invokes conscious body attending. It arises or is triggered by “when my body does sort of something that sort of alerts me to it... Like when I’ve done a big walk and my body is sore.”

Purposes:

Occasionally in bed when highly stressed to alleviate insomnia, when asked in yoga. Though she does not consciously invoke body experience, she uses attribution, verbalises sensation and links current concerns with body-based sensations. These processes may not therefore be a property only of those who invoke their body consciously and often.

BDA process and “set”:

Process is very similar at T1 and T2. Both times Catherine drew her focus inward by closing her eyes and scanned from head to toe. Her organizing principle re her internal experience was normal Vs not normal at both times. At T1 she summarised the BDA using this distinction and at T2 specifically described it in relation to each sensation/gestalt. “Not normal” is associated with pain and with foreignness. Absence of aches and pains is associated with being relaxed and comfortable. Catherine rarely invokes conscious body attending. It arises or is triggered by “when my body does sort of something that sort of alerts me to it.” Thus for Catherine internal body awareness tends to be aversive in that normal equals no discomfort and no conscious awareness?

BDA Outcomes:

Time one:
Catherine’s BDA is framed as a comparison between customary body and now. She enquired of her body in a systematic way about being pregnant – about aches and pains and about movement. (Like Amber) Catherine scans alternating between local and global somatic images. The global evals are positive – comfy, relaxed. This wellbeing seems linked to absence of aches and pains. When asked she extended her enquiry to how she, Catherine, felt now. And discovered that although she was really hot, she was conflicted about taking off her jumper (appearance? propriety?). On becoming aware of this she decided to do so. And she made an overall and global eval that she feels “very normal, very unchanged”.

Time Two
Catherine scanned from head to toe verbalising aspects of her body experience that deviated from “normal”. This process brought up “my back doesn’t quite feel normal” which Catherine describes/explains as a postural deviation (stooping and leaning forward) associated with being pregnant. Next she internally notes “certainly my stomach and genitals and stuff don’t quite feel normal” which she verbalises as “I think I feel pretty soft’ in her mid-body – a sensation (to
which she doesn’t attribute a cause or attitude). In respect of the “genitals and stuff”, Catherine verbalises this as an uncertainty about her sense of herself as sexual. “And I feel very ….uncertain about myself as a sexual person.” This construction/self-statement is then made more specific and body-centred by her subsequent talk about her concerns about the appearance and sensation in her genitals post-birth and her trepidation about resuming sex.

Catherine went in, scanned comparing now body to customary/normal body (which is characterized by an absence of symptoms). The aspects of her body she identified as not being normal were her back (to which she attributed a cause/precedent) her waist and stomach (which she simply described as a sensation- “soft”) and her genitals – appearance change due to birth-giving: “It hadn’t really occurred to me that physically you might look different, perhaps feel different. But I don’t feel as if I am much different for having pushed the baby out ..” It seems that different equals aversive.
Body-Directed Attending:
Themes Coded from Transcripts

Process of BDA: Turning Attention Inward,
Form and Spatial Properties,
Scanning,
Global Scanning and levels of obviousness,
Sensation as Arising,
Triggered BDA,
Sensory Descriptors of Attending,
Individualized Processes

Content: Types of Sensation,
Internal,
External and Postural images

Purpose: Motivations,
Situations,
Frequency,
Influence of Context

Associations: Global self evaluations,
Emotions,
Influence of Current Environment,
Potential Actions,
Past Actions,
Present Actions,
Construction of Self-States,
Comparative (Now Vs Remembered) Images,
Attributions,
Matchings

BDA in action

Baby in BDA
APPENDIX G – EXAMPLES OF PHENOMENOLOGICAL MEANING UNITS

TRANSLATED INTO THE RESEARCHER’S WORDS
Examples of Translation of Phenomenological Meaning Units

<table>
<thead>
<tr>
<th>Laurens’s words</th>
<th>Researcher’s words</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would probably take more care with my body. I don’t drink, take any drugs or</td>
<td>NATURAL L values a “natural way” in relation to her body. She trusts her “natural</td>
</tr>
<tr>
<td>smoke anyway and I am fairly fit but just to detox and do all that</td>
<td>instincts” and does not want any unnecessary interference with this. “What comes</td>
</tr>
<tr>
<td>Yes. If I had followed my natural instincts I would have been in bed a lot and</td>
<td>naturally” can in part be accessed through awareness of her body. S trusts her body</td>
</tr>
<tr>
<td>that would have been great…</td>
<td>awareness and the information that she gleaned from it about her own needs and</td>
</tr>
<tr>
<td>No, I am not going to have an ultrasound. I am pretty into the non-interventionist</td>
<td>the progress of the pregnancy.</td>
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<tr>
<td>style of pregnancy and as natural as possible. So, I have done a little bit of</td>
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<tr>
<td>reading and I don’t think it is necessary to have it for me. And like I didn’t</td>
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<td>go to a hospital till very late, till I was twenty-three weeks or something,</td>
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<td>which wasn’t really intentional. I was busy and I also just felt that I didn’t</td>
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<tr>
<td>really need to. I could feel my body. I am very aware of my body, as a dancer,</td>
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<tr>
<td>and I also just felt that I didn’t really need to. I could feel my body. I am</td>
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<tr>
<td>very aware of my body, as a dancer, and I could feel that it was all happening</td>
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<tr>
<td>naturally. I am the type of person who would quite like to have a home birth</td>
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<td>also that it can have just very subtle effects which I believe. It must have some</td>
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<td>subtle effect on the foetus and the mother and that was enough for me. I just</td>
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<tr>
<td>thought – yeah, subtle effects I can do without</td>
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<td>and I also just felt that I didn’t really need to. I could feel my body. I am</td>
<td></td>
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<tr>
<td>very aware of my body, as a dancer, and I could feel that it was all happening</td>
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<tr>
<td>naturally. You know…your body and if something that profound is happening….yeah.</td>
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<tr>
<td>Well, I just didn’t feel like I needed to go to the hospital to confirm that it</td>
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<td>was…growing. I mean it was obviously growing. I could feel the changes very</td>
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<tr>
<td>intimately. And just feeling the hormonal changes in my own self. I just</td>
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<tr>
<td>instinctively felt that it was all happening healthily which may be optimistic,</td>
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<td>but I thought if it is not, what am I going to do anyway, really.</td>
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<tr>
<td>Ultrasound - no</td>
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<tr>
<td>First Movement</td>
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<td>Well, I kind of thought I was just tricking myself for a few weeks probably. So</td>
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<td>it is not really accurate when I thought I felt it because I thought it was just</td>
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<td>my tummy grumbling. You think that is just food going down funny. But then when</td>
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<td>you get little punches you realise oh no, it’s independent. I just love the</td>
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<td>movement. It just makes it really profoundly obvious that there’s an independent</td>
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<td>person, an independent soul that is inside of you. I mean, you do feel that but</td>
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<td>when you look at a picture of a pregnant woman from the outside it just looks</td>
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<td>like her body has kind of expanded in this way. Experientially, it’s a whole other</td>
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<td>being that’s already completely independent in a way even though there’s a</td>
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<td>symbiotic relationship and obviously will be forever, really. But yeah, when I</td>
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<td>feel it moving I get really excited because I know that it is doing it itself, it</td>
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<td>is nothing to do with me, and that is so cool. I physically watch my belly quite</td>
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<td>a bit. When it is moving and actually pressing on my skin, I love it and watch it.</td>
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<td>I touch it a lot, rub it, cuddle it, make sounds to it. There is a spiritual</td>
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<td>connection too that is beyond the physical things that you do to connect. There</td>
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<td>is this deep communication happening. I like to say prayers for it and think</td>
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<td>healing thoughts etc.</td>
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<td>I feel very, very connected</td>
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<td>There is no doubt that the vibrations of the mother would affect the child. I</td>
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<td>try and be positive because I feel that that is as nourishing as food.</td>
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<td>The metaphor would be like the kind of food that you eat, all the stimulation</td>
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<td>and thoughts and feelings are like a different kind of food for the consciousness</td>
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<td>of the being.</td>
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<tr>
<td>Praying, being in calm meditative states, reading, the kind of information that</td>
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<td>I take in, I am kind of sensitive now to violence, I get really turned off.</td>
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<tr>
<td>Intellectually, the kind of things I am taking in I am aware that that has</td>
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<td>certain vibrations as well. I like to sing to it.</td>
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<tr>
<td>really hard. I had bad morning sickness pretty early on and for the first four</td>
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<td>months, really quite chronic. And so, even though emotionally things were</td>
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<td>shifting and I was starting to feel the joy of it I was still physically just</td>
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<tr>
<td>wretched. So there was that kind of conflict as well that I had to deal with and</td>
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<tr>
<td>just having to be reliant on Simon a lot for basic things. And working full</td>
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<tr>
<td>time dancing.</td>
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<tr>
<td>Limits</td>
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<tr>
<td>L felt the limits of her pregnant body in her dancing. Her movement in her torso, her individual movement dynamic and her flexibility were all limited as was her energy for performance. She also protected her baby by modifying her movements. She was still able to satisfy the choreographer.</td>
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<tr>
<th>Nausea and Tiredness</th>
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<tbody>
<tr>
<td>The worst part of L’s nausea and tiredness was how it conflicted with her work – initially alienating her from co-workers and later making it difficult for her to be a &quot;good participant&quot;. She felt that if she could have followed her instincts to &quot;curl away&quot; it would have been better.</td>
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<th>Pain</th>
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<tr>
<td>L can't yet imagine the birth though she is beginning to think about the reality of facing pain. She is not afraid of pain because she has past experience with painful periods; she had stamina from dancing and endurance &quot;as a woman&quot;. She is positive and prepared for the possibility of complications. She feels her body is well placed through activity, flexibility, body knowledge and &quot;being physical&quot;.</td>
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, the worst part was that we hadn’t told anyone having to just pretend was really awful, or make excuses, I found it really hard. But once we told people it was so much better because obviously they were so sympathetic and fine. Yeah and once it was out there it cleared up. I think it does anyway for most women around four months so I was looking forward to that. I was just hoping that would be, that it would clear up because it was really bad. And it was making me really fatigued as well and so I felt like I wasn’t being a good participant. There were those kind of things as well. So I was trying to do my best.

would have been happiest I think just being on my own or with Simon and just to kind of curl away at that time and eat the foods I needed to when I wanted to. But it was quite hard, the long hours and quite quickly once the nausea left……I don't know how I did it now. often it would get to the end of the day and I would be hungry because it is a long stretch in the afternoon from lunch until dinner. I would get home and just be ill because I had got hungry. Anyway, it seems like distant memories now because it all changed.

The first projects I was doing when I was first pregnant in the first trimester - those two projects, they were, that was OK except for the nausea and the fatigue there was physically no restriction. But when I was performing at five months I definitely felt limits. Just by nature of having the bump in front, it changed mainly the way I could move in my torso. And I just felt like…… I didn’t feel as free to attack movement with the kind of…I don’t know.…just…twisting movements were awkward Yeah a little bit, and just dynamically, surprising pathways, moving dynamically….. and so that was challenging for me because it changed. And maybe it would be fine but I just felt quite protective. It could have been a psychological thing, but it was visible as well. Your leg can’t go as high. You can’t fold. You can’t do the usual stretches. Yeah so that aspect was a bit funny.

But mostly it was just the tiredness you feel when you are pregnant and just getting motivated at 8pm at night to exert all the energy – its just putting out so much, and it was quite a demanding piece. In both those cases there were psychological aspects I guess you could say, but physically it was all linked. It wasn’t too bad. I don’t feel I was compromised at all. Lucy was very happy with the way

<table>
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<tr>
<td>L felt really positive about performing while pregnant because she regarded it as aesthetically interesting and the choreographer supported it. L mentioned that her appearance – &quot;big, tall and the wrong shape&quot; was not right for a dancer so she has also always challenged body image preconceptions as a dancer. In later pregnancy, L felt: &quot;really good in my body&quot; in a bikini, and enjoyed the changes. She reported enjoying both her appearance and her body feelings. She also reported that people look at her with new respect. This positive social gaze contributed to her pride and enjoyment and sense of becoming a woman. Overall L seems confident about her appearance and body image.</td>
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I really loved that because it was new territory and I would be really happy to see a pregnant woman dancing, that would be pretty interesting for a start. I have always liked to twist the idea a bit. I have always been tall and big and the wrong shape for a dancer, or so I thought. To be pregnant was on another level, it was great. It was really helped by L’s attitude as well, she was really supportive and she was very proud to have someone dancing who was pregnant.

Body: Now I really like it. The other day we went to the pool and I had a little bikini on and I really liked it. I feel really good in my body. I feel really relaxed because I am on holidays in effect, it is a long holiday but it is holiday time. I also feel special, that it is a special time and it doesn’t happen often in life, probably only a couple of times. It is so unique and changing all the time, every week there are new developments.

It is wonderful now, I am really loving it since I have finished dancing. Absolutely, it has been fantastic. I must be getting the blissy hormones or something because I feel all like Mother Earth and loving it. Nothing much is phasing me. Kind of, I don’t know… I feel a bit royal or something, like Queen Bee. I am in that phase at the moment. And now that it is visible as well, you get a bit of respect from society or something. Things change. I also feel that…yeah I’ve kind of…life is different for me now. I am kind of a woman now, for the first time I really feel that.

Yes. I think so. I really feel that. Yeah I do. In a good way, that people are quite honouring of pregnant women. So now that you can really see it, I feel quite proud.|

Looking to Birth: I can’t even really get into the realm of imagining the birth because I can’t. I don’t know where we are going to be. I feel like I can deal with it really well. I think… I always had really painful periods and got through those.

No. I’m not really. I feel like I have got quite good endurance. The things that are going for me is that I think I do have stamina, being a dancer, and endurance, being a woman. Because I am quite positive about birth and my partner is too, that will really help us and I’m prepared. I’ve got friends who are really healthy and young and have had babies and had complications so I am kind of prepared for that too. Well, I would hope that it would do pretty well. I can only hope that being active, really quite extremely active, until that stage in the pregnancy should help. Being flexible, being strong, knowing where my pelvic floor is. you know… being able to squat, some people can’t even do that. I just hope that all that will contribute.
APPENDIX H – THEMES/MEANING CONSTITUENTS –

NARRATIVE/PHENOMENOLOGICAL DATA
### Meaning Units/ Constituents from Narrative and Phenomenological Data

<table>
<thead>
<tr>
<th>Main Ideas and beliefs re Body:</th>
<th>Major beliefs; Body Experience as player in plot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customary Body Image:</td>
<td>Long-term orientation; Body image history</td>
</tr>
<tr>
<td>Customary Body Awareness:</td>
<td>Long-term orientation</td>
</tr>
<tr>
<td>Pregnancy Body Image:</td>
<td>Descriptions of body image in pregnancy; Negative and Positive Body Images; Body Image Strategies</td>
</tr>
<tr>
<td>Pregnancy Body Awareness:</td>
<td>Internal Body in Pregnancy</td>
</tr>
<tr>
<td>Getting to Know Baby:</td>
<td>Coming to know baby; First movement; Ultrasound; Connection</td>
</tr>
<tr>
<td>Body as Function:</td>
<td>Body practices; Towards the birth</td>
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</table>

**Body-Directed Attending related stories**

**Summary of Birth**

<table>
<thead>
<tr>
<th>Post-Birth Body Image:</th>
<th>Towards reconstruction; Towards positive body image- strategies; Returning to Customary Body</th>
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<td>Post-Birth Body Awareness</td>
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**Body as Function**

**Body-Directed Attending related stories**

**Relationships between Beliefs and Body-Directed Attending**

<table>
<thead>
<tr>
<th>Body Image general:</th>
<th>Body Image as Contextual; Use of Comparison;</th>
</tr>
</thead>
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<tr>
<td>Body Awareness general</td>
<td></td>
</tr>
</tbody>
</table>

**Body as Function general**
APPENDIX I –

NARRATIVE/PHENOMENOLOGICAL SUMMARY FORMS

EXAMPLE DATA
Phenomenological and Narrative Data - Pregnancy

Main Ideas and beliefs re Body – Story Frame

Customary Body Image - Body as Appearance, Weight, Shape

Customary Body Awareness - Internal Body life

Pregnancy Body Image - Body as Appearance in Pregnancy

Pregnancy Body Awareness - Internal Body Life

Getting to Know Baby: - Ultrasound Movement, Body Awareness in pregnancy,

Body as Function - Health, Action, practice

Body-Directed Attending related stories

Phenomenological and Narrative Data - Post-Birth

Summary of Birth

Main Ideas and beliefs re body

Post-Birth Body - Body as Appearance Post-Birth

Post-Birth Body - Internal Body Life post-Birth,

Body as Function - Action, practice

Body-Directed Attending related stories
Time 1-Time 2 Pheno/Narra Integration

What is the same and what is different at Time 1 and Time 2? Some general observations about her system of beliefs and practices and BDA. What processes of change and reconstruction are apparent?

Main Ideas and beliefs re body,

Pregnant Body Image,

Body Awareness,

Body as Function

Post-Birth Body Image,

Body Awareness,

Body as Function

Integration of Pheno/Narra Data with Body-Directed Attending Data
Story Form

CAROLINE

Main Ideas and beliefs re Body:
Frame of Story: Caroline frames her story as “a long process’ involving 2 years of trying to conceive, a small operation to facilitate conception and a pregnancy in which the baby died at twenty weeks in utero. She is “hopeful and excited” about the current pregnancy “but not letting myself get too involved with it. Just let it be day by day”. Her attention to her pregnant body is much influenced by her previous painful experience of pregnancy – meaning that she is quite vigilant and anxious about perceived threats to the babies’ wellbeing. She is expecting twins. Caroline engages with external, internal and functional aspects of her body in pregnancy. She takes a “being with” orientation to her babies, sensing their life in a number of ways and spending time in touch with them. The ways she conceives of their life – parts kicking her from inside, seen also on the surface; a “buzz” that is the energy of the child and which her partner can also feel outside, combine outer and inner body dimensions quite fluidly. Although she has seen her babies by ultrasound several times, visual images are not her strongest way of imaging or connecting to her babies.

Pregnancy has reignited, to a degree, old body image concerns and some of her usual strategies are not as effective. Humour works for her. She is not really comfortable with the changes in the ways she sees people looking at her.

Caroline has quite a lot to say about the functioning of her body, both with awe and with a clear eye to limitations. Generally she is confident about her health and her body’s functioning. She takes a pragmatic approach to her body, probably with some negative beliefs about her weight and shape, confidence about her body’s capacities and familiar with both inner and outer body dimensions.

Longterm BI -Body as Appearance, Weight, Shape;
Asked about her broad relationship with her body, body image issues are what comes up for Caroline. The same is true when asked about her pregnant body. Caroline says that she didn’t feel comfortable with her body for a long time – her twenties and throughout her career as a professional dancer. She was unhappy with her size, particularly her thighs, waistline, hips, and to a lesser degree her bottom. However, she has felt “very comfortable” with her body for some time, as she has matured. She says that her difficult body image moments in her pregnancy are different from her old concerns because she is pregnant but that “it still has echoes of those kind of stupid images”. (Where does Anna say about losing BI concerns in action, in movement?)

Longterm BA - Internal Body life

Decons BI - Body as Appearance in Pregnancy
Caroline was “aware” in her early pregnancy that that she was getting bigger. She doesn’t weigh herself, but uses clothes being tighter as a cue as to her weight. Her “tracksuit pants were feeling tighter” and she didn’t feel as comfortable. Caroline says that a couple of her customary strategies to counter feeling “low on my body image” didn’t work for her in early pregnancy. She will usually “up the energy anti and…push it through” but she couldn’t do this (due to nausea and tiredness) so she “had to sit with what I was feeling”. She will also sometimes compensate for low body image feelings by looking in
the mirror and noting that she looks good in her skin and face. However, in pregnancy she looked “dark…and pasty”.

She does not like having bigger breasts. They feel uncomfortable and attract unwelcome sexualised attention from men. This “confuses” Caroline as “you’ve got obviously a belly”. She uses humour to deal with this. In fact the way people look at her is “on of the biggest changes”. Caroline notes men looking at her breasts and women at her belly and not at her. (13) Caroline “doesn’t have a good sense” of what the women are “seeing” but the men’s gaze makes her feel “not great”.

**Decons BA - Internal Body Life**

Caroline experienced a bleeding episode early in her pregnancy and subsequent spotting. Twice she had ultrasounds to check her babies’ health. She was “really anxious” about the bleeding and checked on it again and again throughout the days of her early pregnancy. She feels “uncomfortable being by myself in an environment where I might not be able to get to safety fast”. She avoids such situations.

Caroline feels that she has “a kind of intuition” about what is happening in her body, on a level different from rational thinking, but she says it is “more confused in this pregnancy” because feelings from the previous pregnancy are “kind of filtering” into her present experience “..infecting it, infecting the thoughts.”

Caroline notes difficulties of her nausea over the first 4 months. It was depressing. She was working hard and had no other life. She “couldn’t stand being close to people” and had to stop exercising and had little social life. At 21 weeks she feels much better..”great”. Asked about her pregnant body, Caroline’s first response is - She says she feels “absolutely fantastic” because “I look pregnant” and “I feel pregnant because they are responding. I’ve actually got two little beings down there”. She then moves into body image issues.

**Getting to Know Baby:**

**Movement:**

Caroline cites her first experience of the movement of her babies as an example of anxiety “filtering” in from her last pregnancy. She became very anxious when she could not feel the babies kicking at twenty weeks as the books suggested she might. She describes the sensation quite vividly as a kind of “gurgling”. She called to her partner straight away. For a couple of days she had “just the feeling of it” and she got her partner to put his hands on her tummy. Within days she “could see them and he was amazed at being able to see them too.” She “indulges” in long baths where she “just lies down and watches them”. She says she doesn’t visualise them “like..little beings in there” though at times she thinks about what body part might be kicking her. After her bath she often lies down “because I just want to.. be kind of peaceful and listen to them”. Their movement focused her attention towards them and she likes to “just sit back and be with them.”

Caroline reports an “amazing” thing - that she can feel a “particular energy at different points on the belly”, a “buzzing” which she understands as feeling the energy of the being, the child, rather than a particular point or body part. (This is similar to her own BDA – an internal global characterization by feel). Her partner can also feel it. In both the movement and the “buzz” she seems to carry a vivid global internal image which is also able to be felt in the external world by her and her partner.

**Ultrasound**

In her previous pregnancy it was through ultrasound that Caroline discovered that her baby had died. She was very nervous before ultrasounds in the current pregnancy. Ultrasounds have provided valued reassurance to Caroline about the health of her babies, and the information that she is carrying twins. Caroline feels that in her last pregnancy and in the current one, she had an inkling,
“a kind if intuition” of the information before she received it (that her baby had died and that she was carrying twins).

**Body as Function- health, action, practice**
Caroline judges that she is a “fairly healthy person”. She gives a detailed account of her body’s efficiencies and inefficiencies in pregnancy (14). She marvels at her body’s ability to metabolise her food, her skin’s stretchiness, the easy way the new weight in front is counter-balanced. She wonders about how her body “gave” form to the babies, seeing images of cells at week 9 transform to “fully developed little human beings” at her most recent ultrasound at week 20. She talks about the relatively small degree of impact that has had on her – certainly sustained tiredness and nausea for four months but now she ‘feels great’.
Caroline also notes inefficiencies – getting puffed out going upstairs, tired legs, difficulty crouching and getting up and down. She notes that she will have to change the ways that she moves.
CAROLINE STORY and PHENO

Summary of Birth:
At the end of her pregnancy Caroline was “so big I could barely walk.” She was “very, very proud” that she had managed to get to 37 weeks with her twins. The resting she had to do was “excruciating”. She recalls the birth as a really calm event “because there were so many loving people around me.” And her doctor kept reinforcing “how well I was doing”.

At the onset of labour Caroline started to bleed which worried her a lot. Her sister reassured her and when they go to the hospital it was not long before Caroline had a planned epidural. She later had some oxytocin to speed the labour up. When the pain increased she held onto Jason and She felt lucid and was able to feel when to push. She pushed so hard “she thought her eyebrows were going to pop out”. The pushing was “a really good challenge”. Her doctor told her he hadn’t seen a push like that for many years. She enjoyed the birth up till when the second baby had to have the cord maneuvered from around her neck and be pulled out. That was “the most excruciating thing”. She just breathed. Caroline missed having a “good snuggle” with her daughters straight away and it seemed “an eternity” before everything was cleaned up and she and J could have the children together.

Recons BI - Body as Appearance Post-Birth
Caroline talks about her “jelly belly” which is not acceptable to her. She has “high expectations” about regaining her pre-birth stomach and doing so quickly. It bothers her that her abdominal wall is “not in control” because she wants to get back into her clothes.

She feels she is doing “really well for twins and for how big I was.” She says its not so much what she looks like from the outside, because “I know I’ve had two little girls”, but wanting to look nicer in better clothes. Her “problem” is that she has no time for exercise. She plans to get to a Pilates class soon.

She “is not a fan of big boobs” and doesn’t like the “look of them on my body.” However, she accepts them for their function in breastfeeding and says “it’s a lot more acceptable than jelly belly”.

Recons BA - Internal Body Life post-Birth
Caroline says “… there’s a very subtle shift in my body in terms of being a mother. Since, I’ve been very proud of my body with these two girls kind of attached to it. And them being an extended part of my body. And it catches me unawares, that sense that my body is a mother’s body now and not a single person’s. ‘

She feels that this is a new stage for her body with a new sense of confidence. For Caroline, What makes a “mother body” different to ‘a single person’s body” is “a sense of the amount of love that you give out. That its not just for my partner now its for… I’ve got two spunky little babies who I… who I love. And just that pouring out, that giving of love to two more people is extraordinary. And its there in the single person’s body but being able to let it flow out now as a mother is extraordinary.” Caroline seems to describe her love as a flow which changes her experience of her body, her body identity and gives her a new sense of confidence. (This relates to the “communicating” body from lit).
**Body as Function- *Action, practice***

Caroline says “I healed really well. I’ve got a pretty healing body”. This echoes her confidence about her body’s capacities at T1. She feels that her body is “definitely” doing what she needs it too. She relates examples of her growing sense of strength and capability after feeling tired and weak in the weeks post-birth. Caroline plans to get to a regular Pilates class soon which will give her time away from the house to concentrate on her body.

**BDA-rel stories**

An instance of Caroline new sense that her body is a mother’s body now “catching her unawares”.

Oh, I was just walking out to the car with them to put them into the car and just the way I was walking out with them just felt very different a sense of pride in…oh gee its hard….a pride of carrying them and…..a very different sense of body. How can I…”
T1-T2 Story Integration

What is the same and what is different at T1 and T2? Some general observations about her system of beliefs and practices. What processes of deconstruction and reconstruction are apparent?

Main Ideas and beliefs re body
At both T1 and T2, Caroline clearly enunciates aspects of appearance (weight and shape), of ideas, meanings and experiences of internal body life and aspects of her body’s functioning.

Recons BI
During young adult life Caroline had times of feeling very negative about her body shape. Pregnancy carried echoes of these “stupid images” which she feels she has largely outgrown. Post-birth she is very keen to quickly get rid of her “jelly belly” which is not acceptable to her. She dislikes not being able to control her abdominal wall and she wants to look nicer in her old clothes. She lacks time to exercise but has a regular class in mind. She also dislikes having “big boobs’ but that is “more acceptable” and is functional, part of feeding her baby so she can accept them.

Body as Function
Caroline has a great respect for her body as healthy and capable of healing and of doing what she needs it to do. She pays attention to its functionality at a detailed level and appreciates what it does. Post-birth she is noting and enjoying her return to strength.

Recons BA
In her pregnancy Caroline talked about being able to sense her baby’s energy as a buzz, palpable to her partner as well. She conceived of her babies in a way that created a fluid relationship between inner and outer. Post-birth, she feels her body is transformed by the outward flow of love. She is in a new place, “a mother’s body” in which there is a new confidence related to a flow of interpersonal connection embedded in the work and actions of this connection. For Caroline this new sense of her body arises from her perceptual experience, her actions as well as from her thoughts.

Caroline seems to enjoy her body-in-action, in doing, in meeting challenges. Her new body-in-action is different – more interpersonally tuned with a broader focus in her two new children

Integ BDA and Story @ T1 and T2
At T2, Caroline notes a shift in her body attending from an internal to an external focus. This shift is strongly reflected in both her BDA and in her story. In her BDA, the first thing she notes is that “she does not notice” – that her focus has changed. In her story she elaborates on her new sense of her body as “a mother’s body” in which there is a new is a new confidence related to a flow of interpersonal connection embedded in the work and actions of this connection. For Caroline this new sense of her body arises from her perceptual experience and her actions as well as from her motivations and feelings for her children. Her new function as a mother seems to be transforming her self-body relationship in terms of internal experience and her ideas/feelings about her
body. However, her body image and weight/shape views seem largely unchanged. She is concerned about body shape and weight and keen to get rid of unacceptable aspects. Overall Caroline internal body experience seems strongly organised by functionality and current motivation. At T2 its her body-in-action that has her attention – her body in active interpersonal relationship with her two new children. Her breasts and associated sensations, hunger, new impressions she has of her body while doing the work, the actions of mothering are forming a new sense of body. Her post-birth sense of body is less internal, more interpersonal and active.
APPENDIX J – EXAMPLE DATA: BODY IMAGE SUMMARIES
Lauren

CUSTOMARY BODY-SELF:

BDA STYLE: Agentic

LEVEL OF BODY IMAGE SATISFACTION: High

BELIEFS ABOUT FUNCTION/MEANING OF BODY: Life Meaning

Lauren described herself as a “physical” person. It is part of Lauren’s self-identity that she is highly body aware. She has confidence about the accuracy of her body feelings and she values her internal sensate life as a meaningful and influential part of her life. She feels herself to be physically fit, strong and skilled. Although Lauren is generally very happy with her appearance, she has some experience of deviating from a (specialized) body ideal. She reported that her appearance – “big, tall and the wrong shape” was not right for a dancer and she had to come to terms with this to become the successful dancer that she is. She said she was comfortable with challenging societal expectations in this way.

Lauren reported very good feelings about being looked at pregnant, as a dancer and in everyday life. She happily wore a bikini in mid-pregnancy. She felt “good in my body”, “special”, “proud” and noted an “honouring” gaze from people around her. In this time, her internal body feelings and the feedback she discerned from the world about her appearance were in harmony and all positive. This “blissy”, Queen Bee” state fitted well with Lauren’s sense of responsibility for keeping her body states positive, both for herself, and because she believes they pass through “like food” to her baby.

Post-birth (a somewhat traumatic birth), the situation was somewhat different. Lauren had negative feelings about her body. She felt asexual and lacking desire. However, these concerns were not linked to concerns about shape and weight, but with issues about post-birth trauma, her vagina, and a conflict between being a mother and being sexy. For Lauren, the concerns about sexual identity were about her own level of desire, and the healing of her body as well as about how she might be perceived by others. She could not look at her stitches. For Lauren, this is the point at which her body is foreign, not self.

Post-birth, Lauren compared her body shape and weight with her customary body and judged that not much had changed. She felt that in pregnancy she hadn’t put on much weight other than her belly. She reported that she often compared her post-birth body with her pregnant body and enjoyed feeling “a lightness again”. She described walking out with the baby and feeling “light and pert”. Lauren connected her regained (customary) sensation of lightness in walking with positive feelings about her appearance. She did not make a detailed inventory of weight and shape changes. She did describe sensory changes in detail and positive changes to her sense of her body moving- “looser, juicier, more strength”.


Lauren Overall Summary: Agentic, High BI, Life Meaning

Lauren describes herself as highly body aware. She values her internal sensate life as a meaningful and influential part of her life. She feels herself to be physically fit, strong and skilled and she is generally very happy with her appearance.

In pregnancy (after a period conflict between her work and her pregnancy) Lauren felt proud of her body and her appearance. She felt honouring eyes from others. In post-birth, she still felt happy with her weight, shape and appearance but she had some post-birth trauma and negative feelings about her sexual identity and her vagina. This is the time when her body felt foreign to her; not self. This is also the time she felt a negative view from others – self as asexual. However, her partner’s gaze she describes as positive, making her feel attractive. Lauren’s post-birth negative feelings about her body seem to be related to an identity shift from maiden to adult woman and to post-birth trauma, rather than body image concerns.

Lauren used self-enhancing comparisons (customary body versus post-birth body – little change; and post-birth body versus pregnant body – lighter). She judged herself as only having gained “tummy” (which is the socially endorsed pregnant body). Lauren described sensate changes in some detail. She did not do a detailed inventory of appearance changes. Perhaps the vividness of her sensate life helps her balance and integrate challenging changes? Like Amber, she took a process approach, but her sense of process was oriented towards lifespan identity changes, sexuality and intimacy and sensory life.
Caroline

CUSTOMARY BODY-SELF:

**BDA STYLE: Function/Interaction**

**LEVEL OF BODY IMAGE SATISFACTION: Medium**

**BELIEFS ABOUT FUNCTION/MEANING OF BODY: Optimal Health**

Caroline seems to enjoy her body-in-action, in doing, in meeting challenges. She is aware of internal sensate life and employs it to change her emotional state. She tends to sense her body as an active global whole, with a generalized global somatic image that is meaningful to her. She has great respect for her body as healthy, and as capable of healing and of doing what she needs it to do. She pays attention to her body’s functionality at a detailed level and appreciates it.

Asked about her longer-term relationship with her body, body image issues are what came up for Caroline. She said that she didn’t feel comfortable with her body for a long time – her twenties and throughout her career as a professional dancer. She was unhappy with her size, particularly her thighs, waistline, hips, and to a lesser degree her bottom. However, she reported that she has felt “very comfortable” with her body for some time, as she has matured. She said that her difficult body image moments in her pregnancy are different from her old concerns because she is pregnant but that “it still has echoes of those kind of stupid images”.

Asked about her pregnant body, Caroline’s first response is that she feels “absolutely fantastic” because “I look pregnant” and “I feel pregnant because they are responding. I’ve actually got two little beings down there”. Caroline then moved into body image issues. Caroline was “aware” in her early pregnancy that that she was getting bigger. She didn’t weigh herself, but used clothes being tighter as a cue as to her weight. Her “tracksuit pants were feeling tighter” and she didn’t feel as comfortable. Caroline reported that a couple of her customary strategies to counter feeling “low on my body image” didn’t work for her in early pregnancy. She will usually “up the energy anti and…push it through” but she couldn’t do this (due to nausea and tiredness) so she “had to sit with what I was feeling’. She will also sometimes compensate for low body image feelings by looking in the mirror and noting that she looks good in her skin and face. However, in pregnancy she looked “dark…and pasty”.

Caroline did not like having bigger breasts. They felt uncomfortable and attracted unwelcome sexualized attention from men. This “confuses” Caroline as “you’ve got obviously a belly”. She used humour to deal with this. In fact the way people look at her is “one of the biggest changes”. Caroline noted men looking at her breasts and women at her belly and not at her. She “doesn’t have a good sense” of what the women are “seeing” but the men’s gaze makes her feel “not great”.

Caroline judges that she is a “fairly healthy person”. She gives a detailed account of her body’s efficiencies and inefficiencies in pregnancy, marvelling at her body’s ability to grow her babies. She also noted inefficiencies and notes that she will have to change the ways that she moves.

Post-birth Caroline talked about her “jelly belly” which was not acceptable to her. She had “high expectations” about regaining her pre-birth stomach and doing so
quickly. It bothered her that her abdominal wall was “not in control” because she wanted to get back into her clothes. She felt she was doing “really well for twins and for how big I was.” She says it’s not so much what she looks like from the outside, because “I know I’ve had two little girls”, but wanting to look nicer in better clothes. Her “problem” is that she has no time for exercise. She “is not a fan of big boobs” and doesn’t like the “look of them on my body.” However, she accepts them for their function in breastfeeding and says “it’s a lot more acceptable than jelly belly”.

Caroline said “…there’s a very subtle shift in my body in terms of being a mother. Since, I’ve been very proud of my body with these two girls kind of attached to it. And them being an extended part of my body. And it catches me unawares, that sense that my body is a mother’s body now and not a single person’s. She feels that this is a new stage for her body with a new sense of confidence. For Caroline, what makes a “mother body” different to ‘a single person’s body’ is “a sense of the amount of love that you give out. That its not just for my partner now its for…I’ve got two spunky little babies who I…who I love. And just that pouring out, that giving of love to two more people is extraordinary. And its there in the single person’s body but being able to let it flow out now as a mother is extraordinary.” CAROLINE seems to describe her love as a flow which changes her experience of her body, her body identity and gives her a new sense of confidence. (This relates to the “communicating” body from lit’.)

Caroline says “I healed really well. I’ve got a pretty healing body”. This echoes her confidence about her body’s capacities at T1. She feels that her body is “definitely” doing what she needs it to. She relates examples of her growing sense of strength and capability after feeling tired and weak in the weeks post-birth. Caroline plans to get to a regular Pilates class soon which will give her time away from the house to concentrate on her body.

**Caroline Overall Summary: Function/Interaction, Medium BI, Optimal Health**

During young adult life Caroline had times of feeling very negative about her body shape. Pregnancy carried echoes of these “stupid images” for her. In pregnancy she found that some of her body image strategies no longer worked (high energy action; compensation with other aspects of appearance). Unlike other women, she was uncomfortable with the changed gaze she received during pregnancy, interpreting it in gendered terms. Also unlike most others she did not like her larger breasts, ‘the look of them on my body’ or the sexualized attention she felt they drew from men. Caroline was awed by her body’s capacity to grow a baby and in touch with changes to her body’s functioning.

Post-birth Caroline was very keen to quickly get rid of her “jelly belly” which was not acceptable to her. She disliked not being able to control her abdominal wall and she wanted to fit her old clothes. Her ‘problem’ was lack of time to exercise. She still disliked having “big boobs” but that was “more acceptable” than “jelly belly” and their functionality as part of feeding her baby made her breasts easier to accept.

Caroline had a strong experience of her body in interpersonal action post-birth. In this she was strongly in touch with the shift towards action and function. Post-birth she was also noting and enjoying her return to strength. However, her body image concerns seem to largely have a life of their own. She was often able to use function and action to ease body image concerns (customary strategy and breasts post-birth), but body image concerns also seem to have their own independent domain for Caroline.
Caroline’s new, post-birth body-in-action is different – more interpersonally tuned with a strong focus in her two new children. This meant a shift in her body attending from an internal to an external focus. This shift was strongly reflected in both her body-directed attending and in her story. For Caroline this new sense of her body arose from her perceptual experience and her actions as well as from her motivations and feelings for her children. Her new function as a mother seems to be transforming her self-body relationship in terms of internal experience and her ideas/feelings about her body. However, her body image and weight/shape views seem largely unchanged. She was concerned about body shape and weight and keen to get rid of unacceptable aspects.

Post-birth it is Caroline’s body-in-action that has her attention – her body in active interpersonal relationship with her two new children. Her breasts and associated sensations, hunger, new impressions she has of her body while doing the work, the actions of mothering are forming a new sense of body. Her post-birth sense of body is less internal, more interpersonal and active.
Karen

CUSTOMARY BODY-SELF:

BDA STYLE: Symptom Perception,

LEVEL OF BODY IMAGE SATISFACTION: Low BI

BELIEFS ABOUT FUNCTION/MEANING OF BODY: Basic

Karen said “I had a phase in my early twenties where I… I wouldn’t class myself as having been anorexic but I didn’t eat very much. So I’ve had the body image background thing.” She said she was never a thin child and was teased at primary school as “fatso”. The immediate trigger for beginning disordered eating was a relationship break-up. Karen says that showing her thin body to her former boyfriend was important to her. She says she wanted to control something in her life. She became very thin, but “was convinced’ she was fat, and she “exercised constantly.” Karen says it took ten years to re-establish a more consistent healthy eating plan after this time of feeling out of control of her weight and eating. She said

“Steve has done a lot to help me feel comfortable. And I credit him….Because he just accepts my body as it is and affirms who I am in my body and all that sort of thing.”

Karen reported that she still has anxieties about her weight and shape. Her anxiety level varies. When she’s exercising “it’s not so bad – because there’s that element of control I suppose. You know – I’m actually doing something about this.” She talked about her body image anxieties as triggered to various degrees by situations. At the time of interview, everyday exercise was necessary to keep her balance. If she was not able to walk, she became “more aware” of body image anxieties. She was weighing herself more than usual and mentioned times when weighing had become obsessive. At this time it wasn’t “that bad”.

Karen also noted body pleasure and awareness. She said “I’m quite aware of my body when I’m exercising. Probably in a different way, but its still a feeling thing. It’s still a feeling thing inside with me. Especially doing amateur shows or something like that if there’s some tapping or something like that. That’s just a time when I really delight in my body – tapping. I always wanted to do it.”

When asked about the delight she said

‘I think… it’s a sense of working with my body, I think. And I guess the reason its so delightful is after having that thing where I sort of viewed my body as an enemy, that to be working in tandem with my body…. and I’m not so acutely aware of it. I mean we are working with our bodies all the time, I guess, but I am not so acutely aware of it as I am when I am tapping and my body’s doing what I want it to do and…I don’t think I’ve had the view of my body as an enemy as such in the last few years, but there hasn’t been a sense of pulling in the same direction. A sense of needing to master my body has still been there to some degree. A dissatisfaction with the relationship. (laughs).

The first body changes Karen noted was that her waist “seemed to disappear really quickly in the first trimester”. She said that she was unsure about how she would “respond to the changing body in pregnancy”. Karen observed “a general sense of thickening .mainly around my waist. And tender breasts.” She had a “mixed response”
to this “thickening”. She related her ambivalent/conflicted response to her “body image background thing.” She says that the “thickening” in first trimester triggered body image concerns for her “a little bit. But not in any great depth”. The fact she could still fit into a lot of her own clothes was reassuring. And she was exercising which increased her sense of control and reduced her anxiety about her weight.

Second trimester was a good time for Karen in this respect. She says “Interestingly, in the second trimester I was happier in my body and more comfortable in it than I had for a long time. I think (I was) more accepting of the body changes because I knew why they were happening and I continued to go to the gym up until about a month ago.” She could handle the body changes because she understood their purpose (they did not signal weight out of control) and she was in control of her weight to a degree through exercise. When Karen judged that her pregnancy was readily apparent to others, she felt ‘more accepting” of her body. She also experienced a sense of wonder at “the way the body copes with pregnancy”

“So there’s a sense of wonder about this is how the body works and what the body does. And that really has become more of a focus and nurturing this little person and not worrying about whether my thighs are rubbing together or I feel fat or whatever. I’m much more focused on the baby and, kind of, the miracle of what the body does creating the baby. Oh there are still moments where I’m ..(concerned about body weight)….“

The ultrasounds also helped her to “in terms of accepting of what is happening to my body” because she was ‘seeing this little person”. Karen reported that she had shifted her priorities about her body ‘in a learning curve over the pregnancy”. She reported saying to her partner:

“I will never complain again about being even a little bit overweight as long as I feel as if I am kind of fit. So that’s been a learning curve over the pregnancy. As long as the body is healthy if it’s a little bit, if its a little bit overweight...”

Karen said that her BI concerns were present in her pregnancy, but “not as intense” as at some other times. She emphasized the importance of “external affirmation” to her in managing these anxieties.

Post-birth Karen reported:

“The body’s not feeling like the best friend at the moment because I’ve still got a lot of pregnancy weight that I haven’t been able to move.”

Karen was having “momentary senses that the body is the enemy” because she was unhappy with her weight though she was “eating healthily and walking a lot”. She was weighing herself increasingly often and felt a slight pull in the direction of obsessive weight checking. This tendency to obsess about her weight is “not as big as its been before” and Karen feels its different because of the baby. The baby gives a meaning to the weight gain – “something to show for it”. For Karen, “this doesn’t make it OK. But it makes it feel more OK than it normally would.” There is the feeling that “(the baby) is worth whatever” and “if it takes 12 months to shift well that’s OK.”

“I’m actually not feeling wildly uncomfortable with my body which is interesting.” This post-birth time was also different because for Karen not “being happy with my body” usually goes “with a feeling of being uncomfortable in it”. This time, though, she was getting “a decent walk each day” and that was helping her in “not feeling as uncomfortable.” She thinks that were she to go a day without a walk how she perceived her body would shift into a “much more negative experience”. She suggested that exercising may also have a sensory effect of making Karen “feel lighter in myself”.
Her partner was also “a big factor” in her feeling more comfortable in her body. His finding her attractive is “a huge thing” as between the weight and her scar, Karen did not “feel enormously attractive at the moment”.

Karen felt frustrated with her progress and said she needed even a small weight loss (“even a kilo a month”). She was not sure how things would go if she didn’t get this “reward”. She compared her body to women who can meet the measure of fitting into their pre-pregnancy clothes. She described herself as “surrounded” by women who can fit into their pre-pregnancy clothes...And I’m so far off. There are momentary senses that the body is the enemy – just feeling really frustrated that I’m eating healthily and walking a lot. And I think I’m not being very patient with myself or with my body. I need to make allowances for my body as I have had major surgery and I need to let the body recover from that.”

Karen mentioned another friend who was still losing weight (“has 5 kilos to shift”) and her child was 15 months. So she used both useful and depressing comparisons. Karen noted that she had altered her weight goals. When at post-birth she looked at her pre-pregnancy weight (which at the time she perceived as overweight) she judged it as OK. So she aimed at that number of kilos. However, she said that should she reach this goal she might “shift the goalposts again”, meaning that she would still be dissatisfied with her weight.

Karen “felt horribly inadequate” about her breastfeeding difficulties. She compared herself with others in a way which isolated her as the breastfeeding failure. Of her baby she said “I love cuddling her”. Karen said her baby “feels like a natural extension of myself”. This sense of contact took some time to take hold. “It took some time before I could just focus on her and me”.

In the context of Karen’s anxiety about her post-birth weight and shape, it is interesting to note her image, in her body-directed attending, of being divided – by her scar, into upper and lower. Upper body was relaxed but hurting, but wanted to move, and needing postural support and S’s help. Lower body wanted to “go faster”, walk like before, and achieve weight loss and ameliorate anxiety associated with body image dissatisfaction. During her pregnancy, Karen looked forward to a post-birth change of pace but in fact she felt frustrated and/or made anxious by it because she couldn’t lose the weight she felt she is entitled to lose for her efforts.

**Summary: Karen - Symptom Perception, Low BI, Basic**

Karen has long-term and ongoing concerns about weight and shape, with associated eating issues. Positive affirmation from others, and daily exercise are very important to her in managing her anxiety. Most of Karen’s narratives and phenomenological data revolve around these areas. For Karen, her body is “not the enemy’ in the past few years, but she and her body are not “pulling in the same direction”. Karen describes herself as engaged in conflict with her body and she feels a need to “master” her body. She enjoys her body sometimes when she is in control, for example tap-dancing, and sometimes uses body awareness techniques for relaxation.

In pregnancy, Karen was concerned about how she’d react to the body changes. She became more anxious early (about thickening, losing her waist) than other women. This did trigger body image anxieties “but not to any great depth” and her exercise, and reassurance about her attractiveness from her partner helped. In later pregnancy Karen “was happier in my body and more comfortable in it than I had for a long time”. She
could handle the body changes because she understood their purpose (they did not
signal weight out of control) and she was in control of her weight to a degree through
exercise. In a “long learning curve” over the pregnancy she also shifted her priorities:
“So there’s a sense of wonder about this is how the body works and what the
body does. And that really has become more of a focus and nurturing this little person
and not worrying about whether my thighs are rubbing together or I feel fat or
whatever. I’m much more focused on the baby and, kind of, the miracle of what the body
does creating the baby. Oh there are still moments where I’m ..(concerned about body
weight)....”

She also put more value on health and function as the pregnancy went on. Karen
emphasized the importance of external affirmation to her, and ongoing exercise.
Post-birth Karen reported:
“The body’s not feeling like the best friend at the moment because I’ve still got a
lot of pregnancy weight that I haven’t been able to move.”

Karen was very anxious about not losing weight. She was conflicted about her
body and feeling that her body was her enemy at times. In her body-directed attending
she produced a somatic image of herself divided by her scar and by conflicts about
weight loss. The increased acceptance of her body she experienced in late pregnancy
was largely gone. She was weighing herself increasingly often and felt a pull in the
direction of obsessive weight checking. This tendency to obsess about her weight was
“not as big as its been before” and Karen felt it was somewhat different to her past
because the baby gave a meaning to the weight gain – “something to show for it”. For
Karen, “this doesn’t make it OK. But it makes it feel more OK than it normally would.”
Karen said that “(the baby) is worth whatever” and “if it takes 12 months to shift well
that’s OK.” However, she also said that she “needed” at least some weight loss. She
made useful, and not so useful comparisons with others.
Post-birth Karen was still exercising every day. She said that without this her
body image issues would be much worse. The exercise also had the effect of making her
feel a little lighter and less uncomfortable in her body than would be usual when she
was at a peak body dissatisfaction time. She felt unattractive and worried about her
caesarean scar, but her partner’s affirmation was helping with this.
Karen altered her weight goals, reassessing her customary/pre-pregnant body as
“OK”, where before she judged herself as overweight. However, Karen said that if she
reached this goal (of her pre-pregnant weight) she’d probably “shift the goal posts” and
want to lose more. Karen wanted to breastfeed but was unable to. She blamed herself
and felt “horribly inadequate”. She had sought professional counselling around these
issues. Post-birth Karen was struggling to manage her painful body image
dissatisfaction. This struggle seemed to take up much of her energy and to affect her
approach to her daily activities, to other women, to her partner and possibly her baby.