

# Sharing Bodies: The Impact of the Biomedical Model of Pregnancy on Women's Embodied Experiences of the Transition to Motherhood

Partage des corps : impact du modèle biomédical de la grossesse sur l'expérience de la métamorphose des femmes dans leur passage à la maternité



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## Abstract

This paper explores how a medicalized view of pregnancy shapes the process of pregnant embodiment and women's experiences postpartum. Analyzing interviews with 42 pregnant women and new mothers, I show that while women's experiences of pregnant embodiment are shaped by biomedical notions of pregnancy, women also bring new meaning to the biomedical guidelines. Women view pregnancy as a process of sharing their bodies with their children, and they continue to share their bodies with their newborns during the postpartum period. I conclude the paper by reflecting on the role of the body in shaping our understanding of medicalized phenomena.

## Résumé

Cet article explore comment un point de vue médical de la grossesse donne forme au processus de métamorphose de la grossesse et à l'expérience du post-partum. Par l'analyse d'entrevues auprès de 42 femmes enceintes et nouvelles mères, je démontre que bien que les notions biomédicales de la grossesse donnent forme à l'expérience de la métamorphose du corps, les femmes attribuent aussi de nouvelles significations aux régulations biomédicales. Elles voient

la grossesse comme un processus de partage du corps avec l'enfant et elles continuent de partager leur corps avec le nouveau-né pendant la période du post-partum. Je conclus l'article par des réflexions sur le rôle du corps dans la compréhension des phénomènes médicalisés.

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ONCE UPON A TIME, PREGNANCY WAS NOT MEDICALIZED. REFERRING TO THE magic of nature or other mysterious forces, women might understand their pregnancy as a blessing or a curse from God. None of us can remember this time. For most women who grew up in Western culture, the nature of pregnancy and birth is anything but mystical. We know how and why women can become pregnant, we know the mechanics of pregnancy and birth, and we make sure that women stay on medically established track during pregnancy.

The medicalization of pregnancy has taken away more than just its mystical aura. Many feminist scholars have criticized biomedicine for transferring control over reproduction from expectant mothers to medical specialists (Davis-Floyd 1990; Katz Rothman 1993; Oakley 1980). This transition is seen as alienating for many women, separating them from their bodies and making them passive recipients of medical care (Martin 1984).

The medicalization of pregnancy has notably changed women's experiences of the transition to motherhood. At the same time, women experience their pregnancy as a process, as a change that is happening to and inside their bodies. Therefore, while medicalization exerts a powerful influence on women's perceptions of pregnancy and childbirth, in carrying a child, women can revise their beliefs about pregnancy.

This paper explores how women experience their transition to motherhood as a process of embodiment that is shaped by biomedical culture. Analyzing qualitative interviews with 42 pregnant women and new mothers, I examine (a) how women experience their pregnant and postpartum bodies and (b) how their embodied experiences are different from, yet facilitated by, the biomedical model of pregnancy and the postpartum period.

## Understanding Embodiment

This paper applies the concept of "embodiment" to the analysis of women's experiences of pregnancy and the postpartum period. According to Turner (2004: 71), embodiment is "a life process that requires learning of body techniques such as walking, sitting, dancing, and eating. It is the ensemble of such corporal practices which produce and give a body its place in everyday life ..."

Approaching the process of embodiment from a symbolic interactionist framework, I refer to embodiment as the inseparable transformation of body and self. Waskul and Vannini (2006) note that the interactionist conceptualization of the body is always social and constructed through social interactions. Therefore, it is often impossible to distinguish between the body of a person, his or her self, and interactions that facilitate the construction of self; the body is inseparable from the process of embodiment. Relying on this view of embodiment,

this paper draws on the concept of phenomenological body, or body as a province of meaning, a notion inspired by Schutz (1962, 1964) and Merleau-Ponty (1962). The phenomenological body uncovers the meaning of the world through the detailed description of the lived experience and the production of the “bodies of meaning” constructed by human actions and interpretation of these actions (Waskul and Vannini 2006: 9).

The analysis of women’s experiences of pregnancy and the postpartum period as a process of embodiment reveals how women experience their transition to motherhood vis-à-vis medically established norms of pregnancy. Clearly, biomedical notions about pregnancy and reproduction shape women’s experiences of pregnancy. Experiencing pregnancy and the postpartum period through their bodies, however, allows women to re-evaluate preconceived biomedical notions.

### Medicalization, Alienation and Pregnancy

According to Conrad (2000: 324), medicalization is “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders.” Conrad (2000) further suggests that there are at least three levels at which medicalization can occur: (a) the conceptual level, when medical vocabulary has been adopted to define a problem as medical; (b) the institutional level, when organizations approach a problem as medical; and (c) the level of interactions, where the problem is defined and treated as medical in the context of provider–patient communication. These levels of medicalization are easily identified in women’s experiences of pregnancy:

- Although pregnancy is not an illness, it is treated at a conceptual level as a medical condition by physicians and an overwhelming majority of the general public (Katz Rothman 1993; Litt 2000).
- Institutionally, pregnant women are expected to access prenatal care and to give birth in hospital.
- Besides the interactions between care providers and women, many other social encounters define pregnancy as a “medical” condition (Brubaker and Dillaway 2009).<sup>1</sup>

One of the direct consequences of the medicalization of pregnancy, which has been criticized by feminist scholars, is the loss of women’s autonomy over their bodies and the transfer of control into the hands of physicians both during pregnancy and during labour (Davis-Floyd 1994; Katz Rothman 1993). Technology has allowed physicians to observe and to monitor the process of child development “trapped” in a woman’s body for nine months (Mutman and Ocak 2008). In this context, the woman’s body is portrayed as merely a machine or a container, carrying an unborn child (Katz Rothman 1989).

While the literature has contributed significantly to our understanding of the medicalization of pregnancy, it deals mainly with the societal impact of medicalization. Yet, at the level of individual experiences, the medicalization of women’s bodies in general, and women’s repro-

ductive health in particular, is not necessarily perceived as a form of patriarchal control over women's bodies. Lock and Kaufert (1998) introduced the concept of "pragmatic women" to suggest that women's choices to use or to refuse medical services and technologies should be understood as a pragmatic decision made in a particular cultural context, rather than simply the result of the oppressive nature of medicalization.

The context in which pregnancy and birth occur plays an important role in shaping women's perceptions of medical care and their attitudes towards medicalization. Analyzing the experiences of teenaged African-American mothers, Brubaker (2007) demonstrated that while young women refused some aspects of medicalization, they embraced the opportunity to enrol in prenatal care and to follow medical advice on pregnancy. On a similar note, interviewing middle-class pregnant women about their transition to motherhood, Copelton (2004) argues that instead of being passive recipients of medical advice on pregnancy, women actively seek the advice and construct their mothering identities around the lifestyle modifications that they make during pregnancy.

It is evident that medicalized notions of pregnancy shape women's experiences of the transition to motherhood and play a role in constructing their identity as a mother. At the same time, a focus on the experience of pregnancy as shaping attitudes, beliefs, social roles and identities downplays the importance of the embodied, physical experiences of the transition to motherhood. The decisions to seek or not to seek medical advice, to accept or to refuse it, can be shaped by bodily experiences. While some scholars do introduce the concept of embodiment into their analysis of the experiences of pregnancy (see, for example, Bailey 2001; Davidson 2001), they mainly deal with social perceptions of the pregnant body and the construction of identity, and pay less attention to the interplay between somatic and social experiences of pregnancy.

This paper takes a different direction from analysis of the relationship between the biomedical notions on pregnancy and the process of pregnant embodiment. Rather than seeing this relationship as linear and direct, I demonstrate that it is complex and constantly changing in response to the somatic experiences of pregnancy. Consequently, to fully understand women's attitudes towards biomedical advice on pregnancy, more attention should be paid to the ways in which their bodies become salient in their decisions to support or to challenge medical norms.

### Invisible Postpartum

While pregnancy attracts significant attention of scholars, sociological contributions to the research on women's experiences of the postpartum period are somewhat scarce. A considerable number of studies about the transition to motherhood include in their analysis the experiences of the postpartum period (Elvey 2003; Fox 2009; Oakley 1980), but relatively few researchers directly target postpartum experience as a central focus of their analysis (however, see Dworkin and Wachs 2004; Rosenberg 1987; Upton and Han 2003). Scholars who

have explored the transition to motherhood in the postpartum period have reported that new mothers often find themselves in social isolation (Fox 2009; Oakley 1992). Managing new mothers' responsibilities, women are also expected to return to their previous bodies and selves as soon as possible (Dworkin and Wachs 2004). Postpartum bodies have tended to be constructed as being in need of repair, with new mothers being urged to return to their pre-pregnancy shape (Upton and Han 2003).

The transition from pregnancy to the postpartum period happens within hours. In giving birth to a child, a woman undergoes significant physiological and emotional transformations. Scholars have noted that during the postpartum period, women often experience a profound transformation of self (McMahon 1995), and the focus on women's social roles, emerging mothering identity and the social support received postpartum dominates sociological scholarship inquiring into this phase of the process (Fox 2009). The postpartum body is not regarded as playing a major role in the adaptation to the postpartum period. Rather, new mothers are expected to regain control over their bodies and to erase from them the experiences of pregnancy and birth (Upton and Han 2003). Despite the increasing social pressure to breastfeed and the impact of breastfeeding on the body (Avishai 2007; Shaw 2004; Wall 2001), the postpartum body is seen as in need of dissociating itself from its maternal work. While the focus on the social transformations of the postpartum period is undeniably important, the existing literature does not fully address the somatic, embodied experiences of postpartum, which may shape the construction of mothering and which can be observed once the work of caring for the child is recognized as hard, physical activity.

## Methodology

This paper is based on the qualitative analysis of 42 interviews with pregnant women and new mothers. The interviews were conducted for a study examining women's embodied experiences of pregnancy. I sought to understand how women experience their transition to motherhood. To analyze how the embodiment of pregnancy changes over the course of pregnancy, I interviewed 17 women who were still pregnant (8 weeks to 39 weeks); the rest, who had given birth to a child within the past 12 months, were asked to reflect on the process of transition to motherhood overall. The interviews were conducted with women of diverse age groups, including teenaged and older mothers, novice and experienced mothers, Canadian-born and immigrant women (see Table 1).

I conducted the interviews in 2007–2008 with women residing in Ontario, Canada. About half of the respondents were recruited via snowball sampling through my personal networks and the networks of my key respondents; the rest were recruited via municipal prenatal care services. This study received ethics approval from the Research Ethics Board of McMaster University.

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**TABLE 1.** Summary of participants' profiles

Pseudonym	Age	Weeks of pregnancy	Children	Marital status	Socio-economic status	Immigration and ethnicity
Abigail	36		8 and 6 years, 6 months	Married	Middle	Immigrant, Middle Eastern, Muslim
Amanda	35		4.5 months	Married	Middle	Caucasian
Andrea	34		3 months	Married	Upper	Caucasian
Anna	33		11 years, 6 months	Married	Upper	Jewish
Anna (follow-up)	34	34 weeks	11 and 1 years			
Audrey	17		7 months	Single	Lower	Spanish
Beverly	34	36 weeks	3 years	Married	Middle	Caucasian
Brenda	20		3 months	Married	Middle	Caucasian
Catharine	19		12 months	Common-law	Lower	Caucasian
Chelsea	31		5 months	Married	Middle	Caucasian
Claire	32		3 years, 3 months	Married	Middle	Immigrant, Eastern European
Debra	34		2 years, 1 month	Married	Upper	Caucasian
Deena	33	26 weeks		Married	Middle	Jewish
Donna	38		1 year, 2 months	Married	Upper	Immigrant, Muslim
Geena	26	37 weeks		Married	Middle	Caucasian
Helen	37	30 weeks	3 years	Married	Middle	Caucasian
Jane	28	24 weeks	4 and 1 years, 6 months	Married	Middle	Caucasian
Jasmin	26	20 weeks		Married	Lower	Immigrant, Muslim
Jenna	33		1.5 months	Married	Middle	Immigrant, Muslim
Jennifer	40		6 and 2 years, 5 months	Married	Middle	Jewish
Jessica	28	18 weeks		Married	Middle	Caucasian
Jessie	24	29 weeks		Married	Lower	Immigrant, Muslim
Judith	34	28 weeks	8, 5 and 2 years	Married	Middle	Immigrant, Eastern European
Kimberly	18		4 months	Boyfriend	Lower	Caucasian
Leah	35	36 weeks	5 and 3 years	Married	Middle	Caucasian
Lindsey	15		1 month	Single	Lower	Caucasian
Lisa	19		1 year	Boyfriend	Lower	Caucasian

TABLE 1. Continued

Pseudonym	Age	Weeks of pregnancy	Children	Marital status	Socio-economic status	Immigration and ethnicity
Louisa	27		3 months	Married	Middle	Immigrant, Middle Eastern, Muslim
Madeline	31	28 weeks		Married	Middle	Caucasian
Maria	31		7 years, 3.5 months	Married	Middle	Immigrant,
Muslim						
Mary	38		18, 16 and 5 years, 3 months	Married	Middle	Immigrant, Asian
Michele	31		2 months	Married	Middle	Caucasian
Miranda	42	35 weeks	4 years	Common-law	Middle	Caucasian
Monika	16	26 weeks		Single	Lower	Native
Natalie	33		6 and 4 years, 3 months	Married	Middle	Immigrant, Eastern European
Nicole	37		6 and 3 years, 7 months	Married	Middle	Immigrant, Asian
Rachel	31	8 weeks	3 years (died)	Married	Middle	Caucasian
Rebecca	19	13 weeks		Single	Lower	Caucasian
Sam	19		1 year	Boyfriend	Lower	Caucasian
Susan	18		5 months	Boyfriend	Lower	Spanish
Vanessa	29	24 weeks		Married	Middle	Caucasian
Vicky	19		2 months	Boyfriend	Lower	Native

The interviews were semi-structured and focused on women's transition to motherhood. We discussed women's experiences of pregnancy, the chronology of their pregnancy, their sensual and emotional experiences, their body image during pregnancy and in the postpartum period, and the changes in their communications with others during pregnancy. Women who had given birth before the interview were asked to reflect on their past experiences and compare their previous pregnancies with the more recent one. The interviews lasted between 60 and 90 minutes and were recorded and transcribed verbatim. Because many women found allocating time to an interview difficult, they were informed that they could choose between participating in a phone or a face-to-face interview. About half of the respondents preferred to be interviewed over the phone. No differences in content were identified between the in-person and telephone interviews.

The interviews were coded in NUD\*IST 6 and analyzed for emerging themes. The initial, free coding was later formed into structured (i.e., tree) coding, reflective of the relationship between different themes, as discussed by the respondents.

## Discussion

The theme of pregnant embodiment and the notion of “sharing” the body with a child (both born and unborn) emerged during the analysis.

### *Medicalization and the pregnant embodiment*

While the biomedical establishment usually defines pregnancy as a physiological condition, the majority of women in this study regarded pregnancy as an activity, a constant and meticulous work that was triggered by social, psychological and physical changes associated with pregnancy. The medicalization of pregnancy redefined many signs of pregnancy as “symptoms.” Some symptoms, such as absence of menstruation, were often immediately associated with pregnancy. Other symptoms (changes in mood, eating habits, etc.) were constantly evaluated in relation to pregnancy.

My respondents often evaluated their somatic experiences as a confirmation that their pregnancy was progressing as expected, and when some symptoms did not manifest themselves clearly, women often saw it as a threat to their pregnancy:

I had nausea and I was really tired and I had unbelievably sore breasts ... [and] it was all kind of a psychological basket thing. I was pretty sure that I was pregnant, but then the symptoms kind of stopped and I thought that I had a miscarriage. (Miranda, 42-year-old mother of one, 35 weeks pregnant)

Like many other of my interviewees, once asked about her pregnancy, Miranda referred to the “set of symptoms” that are associated with pregnancy. Labelling their bodies as “pregnant,” women adopted the medical vocabulary to describe their somatic experiences and constantly “diagnosed” their bodies as exhibiting or not exhibiting signs of pregnancy. Considering how they should feel, worrying about not feeling anything, or feeling something that “does not feel like pregnancy,” the women learned to see and feel their bodies as pregnant and to interpret their experiences in relation to their beliefs about how pregnancy should be felt or experienced:

This pregnancy... they call it morning sickness and for me it was nausea all day long. (Nicole, 37-year-old married mother of three)

I had no emotional changes. I was the opposite of that. I was completely not emotional. I actually couldn't understand what they are talking about, all this emotional roller coaster stuff. (Anna, 33-year-old married mother of two)

The assessment of somatic experiences in relation to the biomedical “norm” of pregnancy and constant monitoring of the body further increase medicalization of pregnancy, but at the same time, can lead to the development of a more intimate, responsive relationship with the



body. Listening to their bodies and trying to evaluate their senses and emotions in relation to pregnancy allowed these women to “feel in touch” with their bodies and to regard their personal experiences as unique, distinguishing them from those of “other” pregnant women. Both Nicole and Anna compared their bodily experience to the norm, but saw their pregnancies as “different” or even the “opposite” of the normative pregnancy, which made their experiences of carrying a child unique and personalized.

### *Pregnant embodiment as a physical activity*

A considerable amount of the educational literature on pregnancy is devoted to advice on caring for the pregnant body (Copelton 2004; Marshall and Woollett 2000). Expectant mothers are responsible for learning the “do’s and don’ts” of pregnancy and for adopting behaviours that will ensure the safe development of their unborn children (Copelton 2004; Marshall and Woollett 2000). Following such advice, the women had to be constantly aware of the (potential) impact that each activity might have on a child. Navigating through endless recommendations was especially confusing for the first-time mothers, who relied heavily on medical advice:

I definitely changed what I was eating. I was eating more healthy foods and I was trying to eat more protein because I knew that he [baby] needed it ... I am also very happy that I took prenatal classes because I didn’t know many things ... I didn’t know, for example, what I could and couldn’t eat. ... There were just so many restrictions! (Brenda, 20-year-old mother of one)

Brenda, a first-time mother, was amazed by the amount of information that she had to absorb in order to protect her unborn child from potential harms that her consumption practices might cause. Incorporating the biomedical advice on prenatal nutrition into her daily life, she, like many other mothers, carefully monitored her diet and made sure that she followed the advice. Learning about dietary restrictions, Brenda felt that she was taking an active role in establishing a nurturing, welcoming environment for her unborn child. Considering everything she consumed as “good” or “bad” for the baby, she redefined her diet as sharing the food with her child.

While Brenda took an active role in deciding what her baby needed for healthy development, some women allowed their bodies to make these decisions:

I did not have cravings, but I couldn’t eat pork and fast food. My body didn’t want me to eat it. I really wanted to eat red meat and I ate a lot of Oreos – not the best choice, but my body really wanted it. (Louisa, 27-year-old married mother of one)

Louisa experienced her body as guiding her food choices, and thus she “gave in” to it. She saw her pregnant body as intimately close to nature and involved in active, reproductive work

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in carrying a child. She believed that the work of the expectant mother was to listen carefully to her body's needs and help the body to do its work.

All the interviewees made adjustments to their diet and lifestyle during pregnancy. These modifications, however, were mostly understood as "sacrifices" that they had to make to accommodate the needs of their unborn children. Monitoring their heart rate during a workout or refusing an offered drink, expectant mothers repeatedly reconstructed their bodies as pregnant through modified physical activity and consumption. The meaning of being "with child" became articulated through the repetition of bodily practices that marked their bodies for them as different, as shared with their children.

*Pregnant embodiment as sharing*

The women in this study regarded pregnancy as an activity that required many adjustments to accommodate their changing bodies and, even more so, to fulfill their role as nurturing mothers. Making daily decisions about what they could eat, drink or do, these women learned to understand their bodies as inseparable from the life of the child growing inside them:

I think that during pregnancy a mother is already educating her child. ... And I think that if she is looking at the mirror too much that would affect the child. And during this time a woman should listen to classic music and not go party. A woman has to think and to take care of her child ... . (Mary, 38-year-old married mother of four, immigrant from Asia)

Mary described the development of her relationship with her child through the care that she provided to her pregnant body. She shared with the child not only food but also her mood and her social environment. Incorporating the required modifications into her daily routine, Mary took on the role of a nurturing mother.

While the embodiment of pregnancy happened long before quickening, feeling the baby move marked a change in the relationship from unidirectional (i.e., from the mother to child) to interactive:

For me the most important event was when the baby started kicking. ... I absolutely love the feeling of feeling the baby and its movement and knowing that I am nurturing it and taking care of it through the choices that I make in terms of how I take care of myself and what I eat. (Geena, 26-year-old and married, last trimester of pregnancy)

This account from Geena depicts the meaning that most of the interviewees attached to medically established prenatal restrictions. Following the advice of pregnancy experts and making the "right choices" allowed Geena to take an active role in pregnancy by caring for her

child. She was not simply carrying the baby inside her body; she was nurturing her child, sharing her body with her baby. Quickening further intensified this feeling as it established an active, physical connection between the bodies of the mother and her child.

### *Sharing the body in postpartum*

The majority of the study participants (n=36) had already had the experience of giving birth prior to being interviewed. Reflecting on their experiences of the postpartum period, women talked about being constantly tired to the point of exhaustion, and often feeling unprepared for having a child. The difference between the amount of information provided during pregnancy and the lack thereof in the postpartum period was striking:

After pregnancy, women are not needed anymore. I remember that after I came home I had some [medical complications] and I couldn't find any information about it and I remember I was saying to my husband that if [the] hospital would send us [home] with just [a] one-page summary of what is going to happen, that would really help a lot. (Chelsea, 31-year-old mother of one)

Many first-time mothers described being unprepared for the physical changes happening postpartum. As Chelsea commented, new mothers also lose their special status as a pregnant woman and are seen as women whose "job is done" and who are "not needed anymore." The immediate transformation from being "special" to being redundant and alone while trying to deal with a newborn baby was a central motif in the narratives of first-time mothers describing their postpartum experiences.

The feeling of being inadequately attended to during the postpartum period was intensified by these women's persistent view of their bodies as being still very active in the reproductive process. Redefining every movement and action of their bodies in relation to pregnancy for a relatively prolonged period of time, the women were often unable to cease viewing their bodies as different. The social pressure to "get your body back," both physically (by returning to the pre-pregnancy shape) and socially (by losing the status of a pregnant woman), was perceived by many interviewees as confusing or annoying. Breastfeeding and providing constant care to the newborn in the first months postpartum, many women felt that they continued to share their bodies with their children:

[Your body] is not really back when you are breastfeeding because you are really around the clock and your body is still not yours. ... I used to be really flat and now I have huge boobs and I feel like it is really different. ... So I still feel like my body is not my own and I still feel very attached [to the baby]. ... So ... your body is still not quite yours because it is still so important in someone else's life, whereas before it was only important in your own life. (Michele, 31-year-old mother of one)

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For Michele, being pregnant and having a baby is a continuous event, which is different from “before” by the level of autonomy that is given to her own body. Whereas before pregnancy her body was important only to herself, once she became pregnant, her body became “attached” to her daughter. Reflecting on her pregnancy and her postpartum experience, Michele linked the end of pregnancy to having her “body back,” yet she was uncertain whether she had it back three months after the birth. Breastfeeding her child and providing ongoing care signified the continuation of sharing her body with her child, even when the child was no longer in her womb.

### Conclusion

This paper has demonstrated that unlike the biomedical discourse, which assesses the pregnant body in terms of its reproductive capacities and functions, the women in this study undergoing the transition to motherhood experienced pregnancy as a process. This process was always managed in the context of medicalized pregnancy, but the meaning that the women attached to it was shaped by their somatic experiences of pregnant embodiment. The “norm” of pregnancy was constructed around the biomedical notion of pregnancy, the adoption of medical vocabulary and medicalized restrictions regarding prenatal care. At the same time, the embodiment of pregnancy made the transition to motherhood a personal, unique experience that altered medicalized notions of pregnancy and gave them new meanings. Constantly monitoring their bodies, these women learned to understand them and to embody the transition to motherhood as a personal, sensual process that distinguished their experiences from the medically established “norm.” Following prenatal advice regarding nutrition and exercise, these women used the information as a tool that allowed them to care for their unborn children and to develop a relationship with them. This relationship was built around sharing the maternal body and responding to the child’s needs by following prenatal restrictions. Therefore, it seems unrealistic and impossible for women to “come back” to their old selves in the early postpartum months – they continue to share their bodies with their children, even if the contact occurs outside (and not inside) the body.

Analyzing the complexity of women’s responses to medicalization, Lock and Kaufert (1998) proposed that women are pragmatic in making choices about the use of biomedicine. This study suggests a need to delve more deeply into the process that facilitates women’s acceptance of, or resistance to, biomedical conceptualizations of pregnancy or any other heavily medicalized condition. These decisions, I suggest, are not necessarily made in the form of abstract, intellectual analysis. Often, somatic, embodied experiences call for redefinition of previously held ideas and give new meaning to medicalized phenomena. Our understanding of the world is interpreted through the body and by the body (Merleau-Ponty 1962). Therefore, it is important to understand the role of the body in shaping our perceptions of the medicalization of pregnancy and the postpartum period, as well as other somatic experiences.

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NOTE

1. It should be noted that midwifery does not treat pregnancy as an illness. Rather, midwives take a more natural and holistic approach to pregnancy and childbirth (Brubaker and Dillaway 2009). Nevertheless, especially in places where midwifery has been institutionalized, one cannot ignore the existence of some similarities between the institutionalized experiences of women in obstetrical and midwifery care (Brubaker and Dillaway 2009).

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