SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 35 No. 6 2013 ISSN 0141–9889, pp. 828–841
doi: 10.1111/j.1467-9566.2012.01532.x

Splitting bodies/selves: women's concepts of embodiment at the moment of birth

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Abstract Little sociological research has focused specifically on the moment of birth. In this article we draw upon interview data with women who had very recently given birth for the first time to explore the ways in which they described both their own embodiment and that of their infants at this time. We use the term 'the body-being-born' to describe the liminality and fragmentation of the foetal/infant body as women experience it when giving birth. The study found that mode of birth was integral to the process of coming to terms with this body during and following birth. The women who gave birth vaginally without anaesthesia experienced an intense physicality as they felt their bodies painfully opening as the 'body-being-born' forced its way out. In contrast the women who had had a Caesarean section tended to experience both their own bodies and those of their infants as absent and alienated. Most of the women took some time to come to terms with the infant once it was born, conceptualising it as strange and unknown, but those who delivered by Caesarean section had to work even harder in coming to terms with the experience.

Keywords: childbirth, embodiment, subjectivity, body-being-born, Caesarean section

Introduction

Numerous sociological analyses of women's experiences of childbirth have been published over the past 40 years or so, particularly in the wake of feminism's interest in reproductive politics. Recent research into women's experiences of childbirth has examined the notion of control, an aspect that has become a central theme in popular and medical discourses on childbirth. From the perspective of both health professionals and women themselves there is a strong emphasis on women seeking information and making considered decisions from among the array of possibilities. In short, they are viewed as acting as rational autonomous subjects, seeking and exercising control concordant with contemporary neoliberal ideals of the rational self who chooses judicially from among an array of options (Baker *et al.* 2005, Beckett 2005, Bryant *et al.* 2007, Callister 2004, Carter 2010, Crossley 2007, Halfon 2010, Maher 2010, Shaw 2002).

Control over one's embodied self is a central dimension of contemporary western societies. The contained, tightly controlled body – traditionally that of the young, white male body – is

privileged over what is viewed culturally as the unregulated, uncontained, excessive body (Grosz 1994, Shildrick 1997). The pregnant and labouring body is particularly constructed via dominant discourses as unpredictable, leaky, permeable, ruled by hormones and ambiguous in its lack of distinction between Self and Other (Draper 2003, Longhurst 2000a, 2000b, 2005, 2009, Lupton 2012, Maher 2010, Martin 1992, Young 1990). It therefore may be argued that the current interest in control in childbirth is perhaps a response to the culturally coded representation of the female subject as dominated by the demands of her body and of childbirth itself as an experience fraught with chaos and the loss of containment of the body. Medical attendants, as well as labouring women themselves, seek a situation in which the unpredictable birthing body can be managed.

It is important to note that control in childbirth has different meanings. Some women highly value access to medical technology and how it may offer a greater degree of control over a situation that they conceptualise as fraught with risk and danger both to labouring women and their infants (Callister 2004, Davis-Floyd 1994, Kornelsen 2005, Wendland 2007, Zadoroznyj 1999). In such discourses, the labouring body is portrayed as prone to unpredictability, risk and failure, and therefore as a threat to the wellbeing of the foetus and requiring technological assistance to give birth safely (Bryant *et al.* 2007, Mansfield 2008, Wendland 2007). Other women conceptualise control as the ability to give birth with little or no pain relief or other medical intervention. Here the labouring body is viewed as engaging in a natural activity and the labouring woman as controlling the situation herself, relying upon her knowledge of the process and her body's capacity to give birth safely. Medical intervention is positioned as disempowering women and reducing their capacity for control (Beckett 2005, Crossley 2007, Mansfield 2008, Martin 1992, Miller 2009, Zadoroznyj 1999).

However it is conceptualised, control over childbirth is a particularly bourgeois ideal, consonant with middle-class women's sense that they are able to control their bodies just as they have exerted control over their professional lives (Crossley 2007, Davis-Floyd 1994, Zadoroznyj 1999). Losing control challenges such women's sense of self as autonomous, their mind ruling their bodies. This is evident in women's own accounts of labour and childbirth, which suggest that many, including middle-class women who are particularly likely to see themselves as well-informed and well-prepared for birth, feel that they had little or no control over what eventually happens. They often experience this lack of control over their bodies as distressing, frustrating and disappointing and may feel that their bodies had taken over or let them down by not behaving as expected (Akrich and Pasveer 2004, Baker *et al.* 2005, Carter 2010, Crossley 2007, Davis-Floyd 1994, Miller 2007, Zadoroznyj 1999). These notions of the body taking over or letting one down implies that the body is a separate entity from the self: that the labouring body as it expels the body of the infant is somehow different from the authentic body/self (Akrich and Pasveer 2004).

Despite the extensive literature on the sociology of birth, with the exception of those studies referred to above, little sociological research has explored in detail the embodied experiences of women in the process of labour and birth: that is, how women perceive and experience their labouring bodies and the bodies of the infants to whom they give birth (Walsh 2010). Even fewer analyses have discussed in detail the moment of birth, the time at which the new body emerges from the maternal body and fully enters the world as a separate individual, its status changing from that of foetus to infant. This is a pivotal moment for the labouring woman, both in terms of the physical aspects of one body splitting to become two but also for the implications for subjectivity and intersubjectivity between these two bodies. Previous work in this area has focused on concepts of the woman's own body almost to the exclusion of that of the body that she is producing and expelling from her own during labour and birth. In this article we draw upon qualitative data from interviews with women who had

very recently given birth to explore the ways in which these women described both their own embodiment and that of their infants at this highly significant time and how the mode of delivery may have an impact on women's experiences.

The study

This article draws on interview data from 25 women living in Sydney who, with their male partners, participated in a qualitative longitudinal study of first-time parenting. Most of the couples (21 of the 25) formed a convenience sample and were recruited during their attendance at antenatal classes at a large metropolitan Sydney hospital. A further four couples were recruited through personal contacts of the researchers involved in the study. As we were interested in researching the transition to parenthood of first-time parents, participation was limited to couples who were expecting their first child. All the couples were fluent in English and aged over 18. The female participants ranged in age from 23 to 35 years, with a mean age of 28.2 years. Most (15 of the women) were employed in white-collar occupations such as clerical, administrative, personal service and healthcare work. While some of these women held post-secondary school qualifications, none had completed a university degree. The other 12 women had completed one or more university degrees and were engaged in further study or professional careers at the time of their pregnancy. All but two of the women (one of whom was born in Brazil and another who was born in Germany) were of Anglo-Celtic ethnicity. Ethical approval was given for the study from the universities and hospital involved. Pseudonyms were given to all participants to maintain anonymity and confidentiality.

The women and men in each couple were interviewed by one of the authors and another investigator in the study separately in their own homes, using a semi-structured interview schedule. The study included a total of nine interviews with the participants over a period of three years, beginning with an interview held in late pregnancy (Schmied and Lupton 2001). The discussion in this article draws upon the interview data produced in the second interview, held between two and ten days after the birth. This interview focused on the women's experiences of labour, birth and the first few hours and days of mothering. The female interviewee, as part of this interview, was asked to describe the birth. As the interviews were held very close to the birth itself, many of the women were able to describe in detailed terms what had occurred and their feelings about the way they gave birth. It therefore allowed the women the opportunity to construct and recount their stories of birth, or their birth narratives.

Such narratives, and the process of recounting them to others, are important means by which women make sense of and give meaning to their birth experiences (Callister 2004). We found that some women gave a short version without much detail, and it is possible that they did not think about their birth experiences in the same way as did the women who provided greater detail. The women who had given birth vaginally without an epidural and those who had a Caesarean section gave particularly lengthy and detailed accounts of their birth experiences. Our findings suggest why this may have been the case.

All 25 women in the study gave birth in public hospitals. Only one woman had planned a home birth with an attendant midwife. She had to transfer to hospital for the birth because of complications during labour. Nine of the women had planned to give birth in a birth centre attended by midwives in a hospital. Five of these women did so, but two were transferred during pregnancy to the obstetric delivery suite attended by both midwives and obstetricians due to developing hypertension. A further two were transferred during labour

to the delivery suite: one because of foetal distress and the other to have an epidural. Of the 16 women who had a vaginal birth, six had an epidural during labour while the other ten were not anaesthetised for any part of the labour or birth. Of the nine women who gave birth by Caesarean section, six were emergency deliveries due to complications and three of these were planned due to hypertension in pregnancy and breech presentation.

As noted above, the data here presented focus explicitly on the moment of birth. The analysis of the interview transcripts took a critical discourse analysis approach, with a central focus upon identifying the broader sets of discourses that underpinned the women's explanations of their beliefs and experiences. This study uses a Foucauldian approach in adopting a critical approach to discourse. It views language as both reflecting and perpetuating taken-for-granted assumptions that underpin power relations and social structures, and thus rests upon a social constructionist perspective on knowledge formation. The authors read through the interview data looking for women's descriptions of the moment at which the infant emerged from their bodies and their immediate reaction to this experience and to seeing their infant for the first time. We paid particular attention to the words and phrases chosen by the women in their accounts in describing their embodied experiences so as to identify the broader discourses emerging in and across the interviews.

Findings

Loss of control and the painful opening of the maternal body

When retelling their birthing experience and describing the second stage of labour, the ten women who had given birth vaginally without anaesthesia noted that they were surprised by the powerful physicality of giving birth, the heightened sensations and feelings of their own body 'splitting' to become two bodies. As they were not anaesthetised, they were particularly able fully to experience the physical aspects of labour and birth and to describe these sensations in vivid terms. Several of these women talked of experiencing excruciating pain as their perineum stretched to accommodate the infant's body. The boundary between what is inside and contained (the infant and placenta) and what is outside was breaking down at this point. During this phase of birth, the rhythm of contractions preceding second stage is disrupted and women must come to terms with different sensations and perceptions of their body and that of the foetus. These sensations are often most powerful when the infant's head begins to protrude from the woman's body and she feels it both inside and outside her body.

It is at this point in labour that women may feel particularly as if they have lost control over their bodies, as the urge to push the infant out becomes overwhelming. As Louise put it: 'It was beyond my control basically. I didn't feel that I had any kind of control over it'. There was evidence from some women's accounts of the moment of birth and its immediate aftermath of feeling as if their bodies were somehow disintegrating and that they had lost the integrity of their bodily boundaries. They used words suggesting that they sensed a threat to their inside of their body, the potential that the innermost contents of their bodies would fall or leak out. This momentary experience of leaking and loss of containment was experienced as uncontrollable and unstoppable on the part of the woman. Jenny remarked: 'I could feel it all, feel it coming out'. Marianne described the emergence of the placenta as follows: 'I remember that coming out, along with just about everything else, I felt like my insides fell out'. Jane discussed her sense of feeling her body 'open' to the world as its boundaries were stretched and widened, and the vulnerability this process engendered for her:

> The fact that you have to open up so much – you feel raw and exposed to yourself and to others and there is this expectation of just having to open up more.

At the time of the infant's head beginning to emerge, women are sometimes asked if they wish to use a mirror to see for themselves what is happening to their bodies. If they agree to do so, this sight may be extremely confronting, as they realise exactly how the birthing process is affecting their bodies. They see in the mirror a reflection of the extraordinary distortion, stretching and splitting of their genitalia. As Tina noted: 'It's hard to push when you can see yourself ripping and you've still got to push'. Jane vividly described the exiting of her infant from her body in such a way that she suffered severe tearing:

> She came out head and shoulders together. They couldn't stop her. Well [the midwife] said the head tore me anyway and the shoulders just came and she couldn't turn her. That was the end of me.

Such accounts suggest not only a physical but a symbolic opening to the world of the maternal body/self as the infant emerges. These descriptions recount a certain violence to, or at least a major transformation of, the women's bodies at the moment of birth. In Jane's words, 'That was the end of me' – her own body as she had known it had been significantly changed by the uncontrollable ripping process of the infant's head emerging.

Ambiguity and the unknown

During the second stage of labour some women described coming for the first time to an awareness of the infant as a separate body from their own. However, this awareness was often partial and ambiguous. During this period the infant's body emerges and re-emerges for some time, and thus there is a time when the infant is in the world briefly, then back inside the labouring woman's body. This period of slippage of the infant's body from 'inside' to 'outside' and back again, over and over, is extremely ambiguous in terms of the containment of the labouring woman's body. It is also ambiguous for definitions of this body as foetus or infant. According to technical medical definitions, when it is still inside the woman's body this body remains a foetus. Once it is fully outside, it is an infant. Yet technical terms do not fully encapsulate the labouring woman's physical and conceptual experiences that during this transitional phase, this body is liminal, neither fully one nor the other.

The physical sensations of the infant's body partially emerging can be frustrating for labouring women, with the body experienced as not conforming to the woman's desire to control it. Jenny described the period when her infant's head was slipping in and out of her body as 'this really annoying feeling, the feeling of the head coming up [the cervix], and then as soon as you stopped [pushing], the damn thing slipped straight back again'. During this stage, despite labouring women's best efforts, the body they are working hard to push out is recalcitrant and difficult to control. It is still part of the woman's own body but yet has its own agency.

The process of emergence may also challenge labouring women with the foreign sensation of parts of another's body protruding from one's own. When women who had delivered vaginally talked about the moment of birth they often described the strangeness of feeling the infant's head and body emerge from their own body. This was confronting for several women. As Amanda noted:

> When the head was coming out like I – [the midwives] offered me this mirror – they said 'Don't you have a mirror, don't you want to look?' And I said 'No!' And one of them said '[The baby's] like this – I can see that much of its head' ... And they were saying 'Oh, and it's got blond hair and it's fair'. And I'm going 'Oh, don't tell me!' I was just disgusted at the thought of blood and the fact that that was coming out of there, and it was really off putting. I said 'Don't tell me, don't tell me!'

There is the suggestion in Amanda's account that the idea that another person's head, with the hair clearly visible, emerging from her own body was extremely challenging to her sense of self, as was the knowledge that this Other body would be potentially covered in blood and other birth fluids. Christine also commented on her lack of interest in touching her infant's head, and even of a feeling of fear of this body as it was emerging from her: 'Well, they kept on putting the mirror up and I wanted to see the head but I didn't want to touch him. I suppose I was a bit scared of the unknown'.

These women's accounts represent the infant's body as strange and unknown in its liminal status between inside and outside their own bodies, Self and Other. For them, at this point, the infant has not yet established itself as 'my baby': it is still alien and foreign. The conceptual strangeness of this status is such that even while the women can feel the infant's head pushing against and partially emerging from their bodies, they are reluctant to confront the visual reality of another's body emerging from their own.

Relief at expelling the Other's body

The overwhelming feeling for most of the women who delivered vaginally when the infant was finally expelled from their bodies was that of enormous relief after the pain, discomfort and sheer effort of going through labour:

> The relief of getting her body full out of me was just incredible. Her head was stuck there for God knows how long. And then we got the head, the body out which was great! (Jenny)

> When the head was about to come out, like when they told me 'Breathe, breathe, breathe!' I was crying my eyes out. I just really hated it. I was screaming my lungs out ... And then as soon as the head came out, I thought 'Oh!' They said 'The head's come out!' ... And then what I thought was, 'Oh God, I've got to get the rest of it out yet'. I said 'Oh no!' And they said 'Come on, come on!' And when the rest of the body came out, it felt so good. It was – like, I was surprised at how good it felt. I was like 'Can you put it in and do it again?' (Amanda)

As these comments suggest, women who give birth vaginally, particularly those who were not anaesthetised at the time of birth, like Amanda and Jenny, may focus immediately after birth not so much on the newborn infant but on their own bodies and their physical sensations of relief. Indeed, as in the accounts quoted above, they often speak about the infant's body in fractured terms: 'the head', 'the shoulders', 'the rest of the body'. At this moment, the infant's body is not fully experienced as another whole body, but rather as parts of a body that must be expelled and pushed through the vaginal opening. The labouring woman's efforts and focus are on seeking to relieve the pain and pressure that this Other body, or parts of it, is placing on her own body. She is aware of the separation of her own body from this Other

body that is forcing its way out of hers, her own agency in assisting this exit and the Other's body in insisting upon it.

The strangeness of the infant's body

Once the infant has been born and the woman is holding it for the first time, she may experience difficulties in becoming accustomed to conceptualising the infant as separate from herself, as its own person/body, despite the travails of labour. This is evident in the following accounts:

> The midwife handed her straight to me and I held her, but I had held her for a while, I just was – it was like looking at her and wondering 'Where did this baby came from?' You know, despite what I'd gone through, it was hard to associate that she was actually mine and she was out of my stomach ... Even holding her for the first few minutes are just, it wasn't like she was mine, my kid, which is weird ... when you think of what you went through, it was really quite strange. (Tess)

> Oh, I was just overcome, like, 'Where did it [the baby] come from?' My support people both laughed at me later one because they said 'You just, like it was as if like, wow, I didn't know *that* was going to come out!' I didn't know a baby was going to come out. It was just really spacey, a weird thing. (Kerry)

Both these women describe the process of coming to terms with this new, alien body that had emerged from their own as 'weird'. Despite feeling the sensations of the foetal body within their own for several months, and very likely viewing this foetus at least once on an ultrasound image, and then going through hours of labour and feeling the intense physical sensations of labour and the relief of the infant body as it emerged from their own bodies, it was still very difficult for these women to conceptualise the notion that their own bodies had produced another body. Both women quoted above used the phrase 'Where did this baby come from?' in attempting to articulate their efforts in conceptualising this new body as separate from, as well as created by, their own bodies.

This is a time in which women have to deal physically and emotionally with the disrupted boundaries of their bodies, the significant distortion and opening that has occurred with the birth and the splitting of body/self. There is a sense of disbelief, of wonder that this amazing, unique and strange process has happened to them. As Kerry commented when discussing photographs of the moment of birth of her infant: 'There's one with [the baby] half out [of her body], and I just think, 'How can he come out of there, how, how did that happen?'' The women are of course highly aware of the biology of 'how it happened' that their bodies produced another body, but their words suggest that confrontation with this infant body still remains a challenging emotional and intellectual process in the immediate aftermath of birth.

We noted above Amanda's description of the disgust she felt in relation to the idea of looking at her infant's head emerging from her perineum as it was born. This woman was also very reluctant to hold her baby once it had been born before it had been cleaned of its birth fluids and blood. At this point in the interview she again described the infant's body as 'disgusting':

> When the baby had come out and they had put it on me all bloody, I said 'Get him off me!' 'Sorry', I said, 'Can you clean him up?' I just couldn't – with all that blood it was just so disgusting. And I thought maybe when it came out and it was all bloody I'd really want to hold it, but I didn't.

Amanda's account is vivid in her portrayal of the infant as abject in its association with symbolically contaminating and disgusting bodily fluids such as blood and birth fluids. She only feels the desire to hold her newborn infant when his body has been cleaned and her disgust is thus abated. As her words suggest, for some women the association of the newborn infant with 'dirty' bodily fluids can influence their immediate responses to this body. While the infant bears these fluids, it remains strange, foreign and even disgusting.

The absent maternal body

For women who have undergone Caesarean sections, this experience of meeting the baby for the first time may be even more challenging. Because the sensation of the infant's body emerging from their own was completely dulled by anaesthesia and they are not even able to view this moment because of the screen placed between their upper and lower torso, these women described finding it very difficult to accept that their infant had been born. They were forced to rely upon others' observations – those of their partner or the attending health professionals – to receive some idea of what was happening. As Katrina commented:

> [My partner] saw it all, he could see over the screen. Yeah, he said at first that he thought he couldn't, but then he was really interested and he saw the whole thing, saw her come out a bit at a time and she was blue and he saw all the blood and everything. I couldn't see anything.

Donna described a sense of disembodiment as her infant was taken from her body, with no understanding at all of what was going on and what her physical sensations signified. As a result, a health professional attending her had to describe what was going on, interpreting the physical sensations that Donna was able to feel and the sounds she could hear:

> Because you've got the screen in front of you, [the nurse] was describing [what was going on]. And she'd say, 'You're going to feel a bit of pushing now' or 'You're going to hear some suctions'. I didn't even realise they'd cut me and they had [the baby] so far out, and then suddenly I heard this 'Eh, eh, eh, eh, eee' and the next full cry, so I realised, you know, 'Oh my God, it's happening!'

Katrina commented on the speed of the operation and how she was taken aback by being presented with her infant so quickly, before she had quite prepared herself. She felt so little physical sensation that she found it quite astonishing that the birth had occurred:

> The actual operation was – the sensation was weird. Like you can feel something going on, no pain whatsoever, it was so quick, and the baby was out. I don't know, it was all very gentle it seemed. And they obviously cut me open at some stage, and then held her up, and I was like, 'Oh my God, that was too quick!'

For Petra, who had to undergo a general anaesthetic and was thus was unconscious at the moment of birth, the process was extremely strange and disorienting. Petra attempted to deal with her initial feelings of bewilderment by seeking as much information about the birth as she could from others:

> There's no birthing experience and nobody wants to tell you about what happened either. You still don't feel like you know what your birthing experience was. And I'd like to know a blow-by-blow account; I would like to know exactly what happened. Well, I really grilled

> them at the hospital, so they finally did tell me what it was like for the first few moments of her life. And she needed full resuscitation, she wasn't breathing and she wasn't – she was blue and wasn't a healthy baby.

In the case of Caesarean deliveries, as these women's comments suggest, their bodies are experienced as absent from the birth because they are numbed or unconscious at the pivotal moment of the infant's body emerging and cannot even view the process. As they cannot rely on their bodies' sensations, the physical experience must be interpreted by others at the time or after the event once the woman has regained consciousness.

The absent infant body

In the minutes and hours following the birth, here again women who had undergone Caesarean births were challenged by not being able to immediately touch their newborn infants, and in some cases, waiting for some time to even view them. Several women commented on the suddenness of being confronted by their infants before they felt ready. Linda, for example, had been rushed to surgery quickly following a routine prenatal check-up. As a result, she felt rather disoriented by the experience, a feeling which is evident in her struggle to articulate her thoughts and feelings at the time:

> I was overwhelmed by it. Like, it was so quick and I was – I suppose I didn't have that big lead up either. Like I just kind of went in for a check-up and then it, I didn't have, I don't know I, I, it was unbelievable. Yeah, yeah, it's just so unbelievable that, it was, I was going, 'Oh my God, I've got a baby boy, I haven't got a baby [inside me] any more!' You know, like now I know what [gender] it is ... But then afterwards, like I couldn't wait to see him again ... They just, they gave me a little cuddle [with the baby] but I just feel, like it wasn't enough.

Linda's infant was placed in the special care nursery following the birth because of health problems and she therefore had to wait many hours to see and touch him again. Even immediately following the birth she was restricted in how much she could touch him because of the paralysing effect of the anaesthetic that had been given her:

> I think that's the biggest disappointment. You know, I think, I would have loved to have just held him for a little bit; I would have loved to have *held* him full stop. The fact that I didn't hold him, I mean they did put him on my chest and let me kiss him but I still didn't touch him with my hands. I needed to see him; I needed to be with him.

These women therefore had even more to negotiate as their changed bodily status from pregnant to no longer pregnant was reconciled. As Petra put it:

> It was very hard to think that she was my daughter after she was born, because I had a Caesarean under general anaesthetic and all of a sudden I'm not pregnant any more. And I wake up a few hours later and you're presented with a baby. You think, 'Oh, why isn't this, why aren't I feeling any kicks in my abdomen anymore?' – you know. And there's the baby and it's very hard to relate to it.

Sally, too, spoke of her difficulties in coming to terms with having her infant out of her body in a context in which she had been unconscious while it happened:

> It was sort of a bit odd hearing from someone that you've not even seen before in your life that your child's a boy. I look at him and think, I can't believe he'd fit inside me or that he was even there in the first place. It's sort of like he's just arrived ... it's like nine months [of pregnancy] and bang! It's all over!

These women's sense of absence from their own bodies during the birth experience, therefore, is compounded by the feeling of their infant's bodily absence. They do not see or feel the infant being born, and are hardly able to touch, much less hold the infant to their body, as can most women who experience a vaginal delivery. If they are unconscious during the delivery, they may not see or touch their infant for hours following the birth. There is thus a strange liminal time between feeling and knowing that the foetus is inside their bodies, and coming to terms with the infant who has emerged.

Discussion and conclusion

The interview data discussed here highlight the challenges to embodied containment for women posed by the moment of birth. These challenges may begin in pregnancy, when women are confronted with the difficulty of coming to terms with being an embodied duality, a doubled, two-in-one body (Young 1990). We found in these women's accounts of pregnancy in the interview held before the birth that they found this unique embodied state very difficult to articulate and conceptualise. They often remarked that they could not quite grasp the reality that there was another body growing inside them. Most of the women, however, represented this body as quite definitely an Other to themselves. There were comments referring to the foetus feeling like an 'invader' or a 'parasite' but others referred to it as a 'lovely companion' and a 'special human inside me' (Schmied and Lupton 2001).

Other researchers have also noted this difficulty that pregnant women have in coming to terms with the ambiguity of their bodies and have commented on the ways in which women often position the foetal body as Other to themselves: sometimes as a hostile or antagonistic Other (Carter 2010, Longhurst 2005, Miller 2007, Sandelowski and Black 1994, Warren and Brewis 2004). This individuation of the foetus has been linked to such technological devices as obstetric ultrasound, foetal photography and foetal surgery in which the foetus is typically represented as separate from the pregnant body, floating in its own space, a patient in its own right, with its own needs and rights that may be different from, or even in conflict with, those of the pregnant woman in which it is growing (Casper 1998, Duden 1993, Hartouni 1991, 1992, Lupton 2012, Petchesky 1987, Williams 2005).

When the women in our study gave birth, they again struggled to make sense of and give words to the experience they had undergone. To convey the dynamic and shifting aspects of birth, we have developed the term the 'body-being-born' to denote the separate body that women feel applying pressure to their cervixes and pushing through and stretching their perineums when giving birth vaginally or being taken from their bodies via an abdominal incision during a Caesarean delivery. We argue that this concept usefully adds to Akrich and Pasveer's (2004) concept of the 'body-in-labour', as the body-being-born is both an integral part of the body-in-labour and separate from this body. It is this body that the body-in-labour must work and strive to produce. The body-being-born, therefore, occupies a shifting and liminal ontological position during labour: still part of the labouring woman's body as she works to push it out but applying its own material forces and hormonal imperatives on the body-in-labour.

As they did in pregnancy, the women in our study tended to conceptualise the process of childbirth as involving a Self and an Other: that of the body-being-born. Our findings suggest, however, that the Other body becomes even more alienated from the woman's body/self during labour than it is in pregnancy, to the extent that women find it difficult at first to re-establish it as 'my baby' immediately following the birth. Once the infant is born they must come to terms with the fact that the foetal body is now the newborn infant body, no longer inside their own bodies but in the world. While during pregnancy they tended to conceptualise the foetal body as separate from their own in many ways, its presence within their own bodies bestowed upon it a special status as a body within another body. After the body-being-born's emergence at birth, this status has changed and women must engage in a reconceptualisation both of their own bodies as no longer harbouring another body and of the infant body as having emerged from their body. We found that women who had experienced a Caesarean section found this particularly difficult due to the sense of absence both of their own bodies and that of their infants during and following the moment of birth. Some of these women were able to reconcile these feelings of alienation and absence quite quickly but others continued to struggle with these feelings for some time after the birth.

Our findings were also able to show how women conceptualise and experience the body-being-born as it emerges from their bodies. For women giving birth vaginally, during labour and birth the body-being-born becomes experienced as a 'thing' that must be ejected, or even parts of this 'thing', rather than a person in its own right. The individual subjectivity that may have already been bestowed upon the infant when it was a foetus *in utero* appears to be relinquished until the moment of expulsion. It is notable that in many of the accounts discussed above, the body-being-born is typically described as 'it' and even as a collection of body parts rather than a separate individual with its own subjectivity. Women tended to use such terms as 'its head', 'the shoulders', 'get the rest of it out' and even as 'the damn thing'. Soon after the infant is born, although not immediately, it becomes personalised as a gendered human and is talked about as 'he' or 'she' or 'the baby'. The interviewees' use of the term 'it' in their accounts of the birth, we suggest, is demonstrative of the liminal status of the body-being-born as it is emerging from the maternal body and also of the foreignness of this body to the women.

The ambiguous status of both the body-being-born and the body-in-labour at this stage of labour leads some women to see the body-being-born as abject. Abject bodies are described by Kristeva (1982) as creating feelings of unease and revulsion because their in-between, liminal status that disturb identity and order. Both the body-being-born and the body-in-labour may be viewed as abject because of their liminality and lack of control, and also because of the profusion of symbolically contaminating bodily fluids which surround them or leak from them.

Our data suggest that when labour or surgical intervention is finally over and birth has been achieved, women may take some time to re-establish their sense of self and their body boundaries, to realise what their bodies have gone through and what has been produced from the hard work of labour or the alienated experience of Caesarean surgery. When the infant is born, many women need to take some time to adjust to the ways in which their bodies have opened to the world in the act of expelling another body. Our data suggest that women who undergo a Caesarean section may find it even more difficult, at least immediately following birth, to come to terms with their birthing experience than do women who have delivered vaginally. Unlike the women who had gone through the process of vaginal birth and were able to see and feel what was happening as the infant emerged, these women needed to

construct or reconstruct the experience via other witnesses or participants. They did not experience the intensity and for some, the extreme pain and violence of birth: the opening stretching, tearing and ripping described so vividly by the other women quoted above who were faced with the intense physicality of a vaginal delivery. Nor, because of the way they had given birth, did these women experience the rush of physical and emotional relief that women who had had vaginal births described. Rather, the experience was so disembodied as to seem unreal, disconnected from the women's reality of embodiment. For these women, both their own bodies-in-labour and the body-being-born were largely experienced as absent, distant from and foreign to their embodied selves.

There is a significant body of feminist critique debating the ethics of technologies such as Caesarean sections, particularly elective Caesareans or 'Caesarean by maternal request', as the practice is termed in some forums. Many obstetricians see Caesarean births as the most controlled, while vaginal births are viewed as less controlled and therefore more open to risk. Midwives do not agree, tending to view Caesarean births as undermining women's sense of becoming a mother because they have not undergone the physiological and emotional processes of labour and vaginal birth, detracting from maternal identity and mother-infant connection (Bergeron 2007, Bryant *et al.* 2007, Cherniak and Fisher 2008, Lee and Kirkman 2008, Wendland 2007). Feminist critics, for their part, have been divided between those who see Caesarean sections as an opportunity for women to have the freedom to choose not to undergo the rigours and pain of childbirth and those who see growing Caesarean section rates as demonstrating the increasing medicalisation of women in childbirth and their loss of control over what is viewed as the 'natural' and 'authentic' processes of birth (Beckett 2005, Crossley 2007, Lee and Kirkman 2008, Wendland 2007).

There are surprisingly few sociological studies into women's experiences of Caesarean sections. Qualitative studies in the nursing and social psychological literature using data from women's accounts have shown that women who have undergone Caesarean sections often express feelings of disappointment, guilt, anger and frustration that they were unable to give birth vaginally, as they expected and wanted to. They also recount feelings of helplessness and that they were passive participants in an event which had been taken out of their control (Crossley 2007, Lobel and Deluca 2007, Somera *et al.* 2010). Although our data are drawn from only a small number of women who had delivered by Caesarean section, they provide some insights into why these reactions may occur, particularly in relation to women's sense of being disembodied from the pivotal moment of birth, to observing rather than participating (and even requiring their observations to be mediated by others who have better visual access to what is happening) and to being physically separated from their newborn infants following the birth.

We would argue, therefore, that the circumstances in which women give birth are pivotal to how they experience the process of coming to terms with the Other body that was once inside them emerging to the outside. Our findings suggest that health professionals and attendants working with women in labour and childbirth need to allow not only for the physical and the emotional but also the ontological dimensions of how a woman experiences both her own body and that of the body-being-born, and the significant difference that undergoing a Caesarean section can make to the woman being able to achieve the transition from two bodies to one body successfully.

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Acknowledgements

This research was funded by an Australian Research Council Discovery Grant. We thank the anonymous reviewers for their helpful and constructive comments.

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