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Embodied Autoethnography

A Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Master of Liberal Studies

by

Courtney M. Fuller

May 2019

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Rollins College

Hamilton Holt School

Master of Liberal Studies Program

Winter Park, Florida

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Introduction

Listen to me, your body is not a temple. Temples can be destroyed and desecrated. Your body is a forest--thick canopies of maple trees and sweet-scented wildflowers sprouting in the underwood. You will grow back, over and over, no matter how badly you are devastated.

“Temples” by Beau Taplin

In the past few decades, scholars have begun to combine research and personal experience, exploring the self through autoethnography. The definition of autoethnography varies widely based on its application and the purpose of the researcher. Ellis and Bochner (2000) define autoethnography as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural.” Turner (2013) adds that autoethnography is “a vehicle for sharing thoughts, feelings and experience, which might only be witnessed by those close to us, or perhaps kept to ourselves.” These “highly personalized accounts that draw upon the experiences of the author/researcher” (Sparkes, 2000) are often described as self-reflexive, where the “researcher’s self is the site of analysis and subject of critique” (McGannon, 2012).

Before taking a graduate course called Writing Self, Other, Culture, I was unaware that social science and personal narrative could so meaningfully coexist. I clung to the perception that science should exclude the experience of the researcher. In their book *Evocative Autoethnography*, Bochner and Ellis (2016) insist that “instead of thinking of the researcher as a neutral bystander, an objective spectator standing apart from the people being studied, think of the research as part of your data, a flesh and blood

person who is alive, active, and feeling...[Y]our own lived experiences, beliefs, and values influence your observations.” Autoethnography weaves others’ research findings and one’s life experience together, creating cohesive, meaningful understandings of social and cultural issues.

Though autoethnography has several subgenres (e.g., critical, performative), this thesis aligns most closely with embodied autoethnography. Anderson (2001) imparts, “Embodied writing tries to let the body speak...[It employs] a quality of resonance between the written text and the senses of the readers that allows readers to more fully experience the phenomena described.” With this embodied autoethnography, I invite readers—you—inside several pivotal experiences in my life.

My writing style has always naturally gravitated towards the sensual. I want to describe the world while being fully present and engaged with the senses so that readers can feel as if they are also experiencing my experience. Ellingson (2017) adds, “When researchers attend to our bodies . . . whether as part of the process of research, the focus of it, or both, our bodies encounter, intra-act, and are always becoming.” Ellis (1999) also refers to engaging the senses in research. She writes, “I start with my personal life. I pay attention to my physical feelings, thoughts, and emotions. I use what I call systematic sociological introspection and emotional recall to try to understand an experience I’ve lived through. Then I write my experience as a story.”

This thesis is a reflexive, arts-based autoethnographic study that investigates body, female body image, and identity. Combining personal narrative and others’ research, I endeavor to understand changes in body image and identity in some of the most transformative experiences in my life. Specifically, I seek to address: (a) How do

life-altering events impact a woman's body image and identity? and (b) How does sharing my embodied autoethnographic narratives impact my "self" and others?

As my embodied autoethnography chronicles experiences of illness and health, this thesis transcends my personal story to represent, celebrate, and embrace others who have navigated similarly complicated relationships with their bodies. In her book, *A Body Undone*, Christina Crosby imparts:

Because of my condition [spinal cord injury], I've been pondering the reality that everybody has/is a body. Your body emerges through the perception of others as different from yourself, at a touchable distance, and selfhood is not self-contained. What you want, who you are, how you feel are all brought into being over time and in relation to others, and those thoughts and feelings are repeatedly inscribed, creating powerful circuits that organize a sense of embodied self (2016).

My work echoes Crosby's embodied understanding of self. Each body manifests its own story. Its language is expressed through not only genetic material but also how each person utilizes his or her body. Anderson (2001) reaffirms this:

In our times, we are preoccupied with the separateness and distinctiveness of our physical bodies from the world. What madness is this? Even at a material level we are mostly made of water and trace minerals. The elements of the earth make for embodiment, otherwise we would not be here at all. Our bodies are utterly embedded in the world. There appears to be a miracle above flesh and bones through which we live—call it what you will, spirit or awareness or consciousness.

Bringing awareness to emotions and bodily states adds meaning and substance to lived experience (Anderson, 2001; Sharma, Reimer-Kirkham, & Cochrane, 2009).

In addition, humans navigate complex social constructs and internal messages about their bodies. My personal account provides a meaningful way to show how autoethnography can be utilized as a tool for writing reflexively about the impermanence of health and illness. As Ellis (2016) points out, it is helpful to “use my own lived experiences to write in ways that speak to others about their human experiences.” Although my goal is to centralize my body in my research, this text is meant to create a dialogue with readers. I hope that engaging my work enables you to appreciate and care for your body with greater meaning and purpose.

This thesis invites you into extreme measures to reshape my body in the guise of fitness, acute illness, and infertility. I explore these experiences via poetic and narrative expression and engage others’ relevant research findings.

Thesis Structure

I constructed my thesis in four creative sections that combine narrative with other scholars’ research. In Chapter I, I explore my fragmented sense of “self” through poetic expression, “combin[ing] autoethnography and poetry in order to provide meaning, evoke emotion, and engage in reflexive practice” (Leavy, 2015). In her book, *Method Meets Art*, Patricia Leavy says this about poetic expression:

Surrounded by space and weighted by silence, [poems] break through the noise to present an essence. Sensory scenes created with skillfully placed words and purposeful pauses, poems push feelings to the forefront,

capturing heightened moments of social reality as if under a magnifying glass (2015).

Poetry not only allows me to put words to my experience but also to lay bare observations about societal pressure. My poem “Center of the Map” details my struggles with weight loss through extreme methods and with being objectified. My body maps my experiences, a theme woven throughout this entire thesis.

Chapters II, III, and IV portray several life-changing experiences, contextualizing them in relevant research. Chapter II focuses on intensely embodied recollections of my collegiate rowing career. This narrative engages with the research surrounding rapid weight loss and its effects on athletes. Revisiting the literature and my memories of that time brought to mind another transformative lived experience that I kept at bay for many years. Chapter III centers on my memories of the post-pregnancy liminal space I embodied. I layer narrative vignettes with research on postpartum body image and identity. Chapter IV delves into the emotions surrounding illness and fertility. Finally, my thesis closes with significant themes that materialized when I stepped back from and reflected upon my embodied autoethnography. In that closing Reflections chapter, I acknowledge the project’s complications and vulnerabilities.

By examining my life through this richly artistic research process, I gained deeper understandings of changes in my body image and identity. These chapters collectively provide an experience-near observation of my body during significant phases in life. I offer this to provide insight to others who may struggle with similar concerns.

I: The Center of the Map



The Center of the Map

Smooth, pale skin marked heavily by freckles and moles,

“beauty marks,” my mother calls them.

Well, I must be beautiful because
you can play connect the dots for miles
across the landscape of my body.

A particular one, right next to my belly button,
sits as a plot point on the map of my life.

It stands out in bold font, like the capital city.

That dot marks the spot where
my journey begins.

As a child, belly baby soft, ballet pink,
cradled in warmth.

Insides supple and open.

My body pushes boundaries, as all children do.

I heed my mother’s advice to “pull in my belly.”

I practice making the shapes of hills and valleys,

concave and convex shapes,
controlling shapes in the mirror.

My insides tuck neatly into my ribcage
or burst out into space.

As others feed me compliments on my sleek torso,

I fill it with diet pills.

I supplement an emptiness
extending to points beyond my middle.

But I am lean.

I embrace this journey to thin.

I hold it all in,
tight.

I even add a landmark
that punctures the terrain of my abdomen,
a round silver piercing,
a beacon that shimmers May through August.
The ring signals days of half-shirts
and a lemon yellow string bikini.
The landscape of my body glows with a luster
—hot and exposed.

Like a cheap roadside attraction, I draw him in.
My eyes watch his eyes travel from north to south
along the route of my torso.
My eyes wait for his eyes to return north.
His eyes, bound only southward,
beyond my middle.

Suddenly, my topography changes.
I feel the stretching of boundaries as
my hands float over the vast expanse of this once familiar region.
Fingertips press inward to feel a shift in direction.
The flat and solid transforms into the curves of hills foreign to me.
Hills of swollen breasts and thighs
of an ever-bloated, ever-rounded center.
This space, once only mine, I now share.
We grow; we expand together.
I give up holding in and flexing.
I let go.

Exhale.

Belly, soft and sagging like a deflated balloon,
transforms into the perfect landing place to cradle her.

This flat tire, pillow-like suppleness becomes only a momentary side trip
as I cover that old, familiar territory
once sucked in,
once tightly held together.

The roadmap of my torso shrinks back,
but the landscape is forever changed.

I carry these stretch marks, both east and west,
like ripples in wind-blown sand.

But marriage, my marriage
I leave behind.

Hands full, baggage heavy.

But faintly, in the distance plays a familiar song from my childhood.

As each strum of his guitar vibrates,
he carries me over miles of scars,
over decades of this wilderness of flesh and bone,
over recognizable points on my map
that I once thought were beyond reach.

And this man, this song, touch me across borders and bridges.

An intersection of voice and memories
as he navigates his way
back to me.

We still see each other as children,
covered now in a vast network of scars and wrinkles.

He embraces my imperfect torso
and whispers that he's loved me since I was a child.

He asks if I will have *his* children.

But en route to create our own,
cancer blocks our passage.

Here lies a tear in the map of our world.

A melted ridge of a scar
inhabits the space
between stretch marks east and west
of center.

We cannot repair or rewrite this map
or move highways so that our bodies
can intersect sooner.

All that is left
is to simply embrace the peaks and valleys
of this place
and each other.

II: Heavy in a Lightweight World

18 years ago, Jörn Kerckhoff layered up from head to toe in wool and neoprene as he set out for a run through the woods near his hotel. Kerckhoff's goal was to lose the last 4.5 pounds before his race weigh-in. Rowing at the Weltcup Regatta was his opportunity to race against some of his toughest lightweight rivals; however, the German lightweight rower never even had a chance to weigh in, let alone compete. He was found collapsed next to the road near the race site, having suffered a heat stroke. Kerckhoff's body temperature measured 109.4 degrees. 48 hours later, he was pronounced dead (Hoag, 2003).



Many athletes utilize rapid weight loss methods (e.g., excessive exercise, starvation, and dehydration), practices often detrimental to both physical and mental health. These methods can lead to complications such as eating disorders, body dysmorphia, and even death (Hoag, 2003; Litsky, 1997; Turocy et. al, 2011). Research has explored effects of rapid weight loss in competitive sports such as wrestling and martial arts, with a particular focus on male athletes (see, e.g., Hodges, 2015; Khodae, Olewinski, Shadgan, & Kinningham, 2015; Litsky, 1997). Research exploring rapid weight loss in female lightweight rowers is notably missing (Slater, Rice, Jenkins, & Hahn, 2014).

Through our exposure to cultural standards and media ideals, we conventionally equate weight loss with improved health. My narrative and analysis challenge this linkage. I was compelled to do this research out of concern for the long-term effects for females, including me, who have participated, are participating, and will participate in sports with weight classes.

I spent four years of my college career as an NCAA athlete. My athletic scholarship demanded maintaining a low weight. Though I rowed throughout college, in this chapter I explore my experience through narrative snapshots of one particular season.

Setting the Scene

It is the mid 1990s, and the University of Central Florida is known for its highly competitive lightweight rowing program. Selection itself is to be cherished—even more than the collection of medals won each fall and spring. I spend all four years competing for a seat in a boat with eight other collegiate women. We sacrifice the more typical university social life of sorority sisters and binge-drinking for the challenge of practicing six days a week at 5:30 in the morning, hoping to find the perfect combination of strength and speed in the water.

Even before we hit the water to compete for a seat in the boat, our land workouts prove to be battles in themselves. Each morning, our running shoes grind a trail into the quarter mile rectangular patch of the orange grove next to Lake Pickett. We pull hard through 2000-meter races on the ergometer (rowing machine). We perform pushups and pullups to

exhaustion and jump as high as we can in our squat thrusts because it translates to more power and efficiency in the boat.

During the summer off-season, I pay little attention to numbers on a scale. I lovingly allow my body a couple months of rest from the Monday to Saturday practice schedule, and I eat virtually everything.

However, as the team assembles at the boathouse in the fall, I vow to spit, pee, and sweat until I make weight. If the scale registers too many pounds, I add to my sweatshirt and jogging pants an accessory layer—trash bags—and run until every excess ounce drips off of me. We are the lightweights, but I am one of the heaviest.



Weight classes in rowing are meant to establish equitable participation in the sport (Turocy et al., 2011). Specifically, the lightweight category creates opportunities for those who have power and technical skills, but perhaps not size. It would be decades before I would be exposed to personal and cultural analyses such as Hodges', who writes, "The unintended consequence of creating weight classes is that individuals within the same class are perceived as being more similar than those not in that class . . . Even if two people weigh the same, it does not mean they are the same size. People are different shapes and sizes, with various levels of muscle and fat" (2015).

As I recall memories of standing next to my teammates, I realize the gravity of Hodges' observation. Jennifer,¹ who sits behind me in our lightweight eight, measures three inches taller but six pounds lighter. She is the embodiment of "model thin." In comparison to her waif-like proportions, I possess broad shoulders, and one of my thighs is as thick as her two combined. Meghan, who sits in the bow seat, remains the smallest and stockiest of our crew. We weigh within a few pounds of each other, but Meghan is a 5-foot 3-inch gymnast powerhouse with shorter arms and legs. Our lightweight bodies may be long, wide, short, narrow, and/or curvy, but our weight is the only measurement that matters. Hodges (2015) asks, "Even though weight classes are used as a classification system for trying to equalize competitions, what does it mean to be equal? Is weight the best measure for making sure a competition is fair?"

Around the same time I read first Nate Hodges' work, I came upon an account by German rower Lars Hartig ("Going Heavy," 2015), who began as a lightweight but found it difficult to make weight:

[I]t was always hard to be on a diet all the time. I had no pleasure in life. I had lost the pleasure to row. It was all about the discipline necessary to make weight and even after the race I couldn't really enjoy life. I couldn't even go out with my friends as I had no energy. I was always thinking about food and it was really obsessive. It was not healthy.

Consequences of rapid weight loss extend well beyond having no energy. The National Collegiate Athletic Association (NCAA) has documented the effects of more than 50 years of cutting weight among college wrestlers (Hoag, 2003). According to

¹ I use pseudonyms throughout my work to protect the privacy of all individuals.

Litsky (1997), three wrestlers died from dehydration in a last-minute struggle to drop weight for competition. Surprisingly, the death of these athletes did not spark other weight class sports to take a hard look at the dangers. It took Kerckhoff's death in 2001 for FISA,² rowing's governing body, to make policy changes meant to protect the health of lightweight rowers.

What used to be a faction of lightweights who were “naturally” smaller in stature (Sykora et al., 1993) has now become a larger competitive class, both in numbers and in size. Over the past 20 years, collegiate rowing in the United States has been largely incentivized for women with the enforcement of Title IX³ (Keenan, Senefeld, & Hunter, 2018). Collegiate women's rowing programs have experienced larger gains in participation than any other sport since Title IX's enactment. My rowing career began just as women's rowing became a recognized NCAA sport (1997). Since then, the total number of collegiate women's teams has increased from 98 to 146 teams (Keenan, Senefeld, & Hunter, 2018). Yet, NCAA regulations related to student athletes and the sport of rowing have not changed dramatically over the last 20 years (NCAA, 2018). During this push to create equitable opportunities for female athletes, neither universities nor the NCAA effectively monitored or educated lightweights in regard to rapid weight loss practices. A larger group of women flooding a heavily-funded sport meant more opportunities to organize lightweight teams but this did not translate into measures to protect athletes who would need to cut weight to participate.

² Fédération Internationale des Sociétés d'Aviron, world rowing association.

³ Title IX is a federal law that legislates equal opportunity for women in educational settings, including athletics.

President's Cup Regatta, March 1996, Tampa FL

For the 2-hour ride to Tampa, Florida our women's rowing program is split between two buses—one for the lightweights and one for the open rowers. This is the typical protocol for traveling. The mood in each is diametrically opposed. We lightweights can faintly hear the crescendo of open rowers' boisterous laughter over the often-played Dave Matthews Band CD. Quiet and pensive, lightweights whisper anxiety about the weigh-in upon arrival. As the other female rowers "carbo-load" on pasta, sandwiches, and perhaps a couple donuts, the lightweights subsist on "treats" like celery and carrots. Some of my teammates attempt to sleep through the bus ride, but the percussive rattle in my empty stomach keeps me awake. I faithfully hold my empty Aquafina water bottle; the label is torn off to denote it's not for refreshment. It is, in fact, a receptacle for whatever spit I can manage my cottonmouth to produce.



Despite the body mass limits imposed on lightweight rowers, muscle mass remains a determinant of competitive success (Slater et al., 2005). While the lightweight division was intended to create opportunities for smaller competitors, it has grown over the years into a competitive division for athletes like myself, whose weight sits on the border between an open division and lightweight rower. Coaches typically select borderline athletes for lightweight boats, using the same logic often applied in wrestling.

A larger, more muscular athlete is assumed to have the upper hand against a smaller athlete (Hoag, 2003; Slater et al., 2014).

In the absence of guidelines for healthy weight management, coaches and fellow teammates apply diet-related pressure. One former rower conducted a study on “borderline lightweights”—women who lose a significant number of pounds before race day. She found that coaches pushed the female athletes she interviewed to practice extreme weight loss (“Borderline,” 2001). In a journal post, an anonymous rower confessed:

4/18/01

So I called [the coach] and told her I wasn't going to weigh-in, I was forfeiting my right to a seat race. I told her what I've been going through in a plea for her to tell me not to row lightweight. But of course she said it's my decision. How can she expect me to say I won't do it? I have too many pressures. I'm not that strong.

4/19/01

[The coach] came up, said even though she knows it's the wrong decision, she needs me to row lightweight (“Borderline,” 2001).

This rower's experience resonates with my own memories of coaches and teammates. Our lightweight program similarly pressured “borderline” athletes like me. Each morning, I stepped on my scale and checked my ever-fluctuating number. Looking at my calendar, I calculated how many weeks I had to lose enough weight for race day. My anxiety would build as the competition got closer along with my coaches' increased surveillance.

Khodae, Olewinski, Shadgan, and Kiningham (2015) suggest, “The most successful way to prevent rapid weight loss methods is to implement rules that make rapid weight loss impractical.” Over the course of my rowing career (1995-1999), no guidelines existed to safeguard lightweights, even though many rowers I encountered struggled to drop weight. NCAA regulations state that using rubber suits and saunas are not permitted for weight loss in preparation for the NCAA Championships; however, this doesn’t hold true for other meets or races that lead up to the final competition (Litsky, 1997). After the 2011 tragic heat stroke death of Jörn Kerckhoff, the FISA Sports Medicine Commission released a statement on weight loss and reinforced recommendations on weight control. The German rower’s death resulted in improvements in education, monitoring, and enforcement (Lacoste, Hannafin, Milkinson, Smith, Oswald, & Rolland, 2014).

Race Day Weigh-In

Each girl wears as little as possible, as if one more stitch, a tiny thread swinging free from the fabric, might cause the scale to tip past 130 pounds. As we wait our turn, I notice that only a select few easily make weight; after all, we have been building muscle in the gym and trying to eat enough to sustain our workouts. Each time I step on the scale, I hold my breath. My empty belly fills with air as I try to find a stillness. I close my eyes and hope to float away.



In 2016, US Rowing, the sport's governing body, published an online document titled "Losing Weight, Making Weight, Rowing Fast," which offers some education on rapid weight loss and healthy alternatives to this practice (McNeely & Cameron, 2016). Though official regulations may inhibit some of these practices, policing the health habits of athletes is quite complicated. It may take more than education on the part of coaches and governing bodies to alter the practices of weight class athletes.

The athlete's own competitive drive may also contribute to the problem. Many weight class athletes find ways around the rules in order to compete. In college, Victoria Burke (cited in Taylor, 2016) competed as an open weight rower. She would then drop 10 pounds to race as a lightweight over her summer breaks. As Burke started training for the Olympics, losing a couple of pounds a month seemed achievable. "I thought this can't be that bad going into this again," Burke said, "but I was wrong" (cited in Taylor, 2016). Dedication turns to desperation when an athlete wants to be competitive in a weight class sport. Like Burke, I found that each season, it became more difficult for me to shed enough weight for race day. In distressed moments, I sometimes turned to diet pills. Laxatives and diuretic use is common among lightweight (Hoag, 2003).

Not only are there immediate risks to practicing rapid weight loss but also long-term and often dangerous health issues. According to Khodae et al. (2015), "Long-term consequences of frequent weight cycling include impaired growth, eating disorders, obesity, and increased cardiovascular risk." In addition, research has found that dehydration causes damage to the heart and liver (Litsky, 1997, December 19). Beyond that, long-term body dysmorphia or body image issues may persist past the collegiate athletic experience (Hoag, 2003).

I continuously struggled throughout my college experience, much like the athletes interviewed in “Borderline: A Lightweight Story.” In the years since my rowing career, the environment for lightweight rowers has changed for the better. In 2010, FISA implemented regulations for lightweight rowers. The Olympic governing body (IOC) created an online education program for understanding female health. In addition, Hoag (2003) imparts, “coaches operate on the system of evaluation, education, and involvement. Athletes and their target weight are carefully chosen based on body fat percentage.” This heightened awareness helps to protect athletes like me, who want to compete at the top level of a sport, without risking long-term health problems. Looking back, I wonder how much of my unhealthy and obsessive relationship with my body and food can be attributed to my experience as a lightweight rower.

An Interlude: Research Interrupted

My initial investigation of my embodied experiences as a collegiate rower provided useful insights into the world of rapid weight loss and its effects on the bodies and body image of athletes. Two years later, I revisit this autoethnographic, hoping to include it in my thesis. My advisor writes, “I think additional narrative snapshots and further engagement with relevant literatures will take this to yet another level of impact.” As I dig deeper into my memories, I realize that another impactful experience related to my collegiate rowing exists. Ellis (2009) imparts:

Writing to inquire into the meanings of experience requires revision after revision, until the author has examined events, feelings, and thoughts in as deep and thorough a way as possible. The result of multiple revisions is an

evocative literary story, the crafting of which leads to more insight and possibilities for incorporating these events into living, communicates these experiences evocatively to readers, and leaves open the possibility that they might consider and reconsider their own lives in light of what they have read.

President's Cup Lightweight 8 Race

After warmups, we run through a series of technical drills as we head towards the starting line. My teammates are quiet, listening to the directions from the race official to make way for other boats. Sitting at the starting line, my eyes focus on our coxswain, Kara.

“Yale is to our left and Dartmouth to our right,” she says nervously as she maneuvers us into position. I notice the boat portside full of solid green unisuits. A boat length away on starboard, I see the deep blue and white of Yale's oars immersed halfway in the water.

President's Cup Regatta is a key training opportunity and a good measure of our lightweight boat's strength and skill. In spring, top collegiate and Olympic crews make Tampa their temporary home as this early season event marks a prime occasion to flee the freezing temperatures of the north. My body feels already used up from the practice drills. My hamstrings cramp under the pressure of waiting in position.

When the start gun fires, our muscles stand at attention, and our oars pull through a series of shorter strokes to get the racing shell moving. Spring season brings shorter distance, head-to-head races. With sprinting to the finish in mind, our stroke rate is high

yet not frantic. Kara steers the boat straight down the middle of Seddon Channel, carefully avoiding any buoys that might slow us down. When I see another boat in my peripheral vision, I know that we are gaining ground against competitors. Approaching the final 200 meters, I see both the Yale and Dartmouth crews are clearly behind.

Kara yells, “Final 200! Bring up the stroke rate.”

As I increase the pace, nausea and dizziness overtake any excitement over our race position. These are my body’s typical responses to an approaching finish line, especially when the end is just ten strokes away. Our bow ball crosses the finish first. The air horn sounds. Oars now resting on the water, I collapse back onto my teammate behind me. There’s no energy left for celebrating this surprising victory against these legendary teams.

The race complete, I notice that my energy hasn’t returned and my breasts ache. I replay the race in my mind, scanning for a justifiable reason for these sensations. Nothing comes to mind.

Days later, I realize these are signs of pregnancy.

* * * *

My boyfriend, Luke, sits at the end of our cabin’s dock, his feet dangling into the warm water of Lake Pickett. He watches the late afternoon migration of alligators that follow the warmth of the sun. I open the sliding glass patio door, walk out to the edge, and place my hands on his shoulders.

As the wind blows behind us, his voice carries across the lake. “I don’t want to be a dad.”

“I understand,” I reply. As I turn back to walk toward the cabin I realize there’s no truth in my reply. My body carries something that I experience as miraculous; my boyfriend views our child-to-be as an inconvenience.

I lie in bed alone, my tank top pulled up so that I can feel my belly. I am only experiencing the beginning signs of pregnancy, but I imagine what it would be like to trace my fingertips along a bulbous center of myself.

Years later, I will encounter “The Need for an Effective Student-Athlete Pregnancy and Parenting Policy” by Sorenson, Sincoff, and Siebeneck (2009), who state:

Role changes include shifts from student-athlete to parent, from self-perceptions of a physically fit individual to the realities of weight gain and body image changes, from high level athletic performance to reduced performance. Significant psychological conflict, as well as time and energy strains, accompany the roles of full-time student, scholarship-athlete, and prospective mother.

There is so much to consider. I already feel heavier. I calculate the months I will be in this state; pregnancy not only would extend past the summer break and into fall training, it also means a commitment to a different life. I may no longer compete as a lightweight.

The phone rings, and I roll to the side of the bed to answer.

“It’s mom. I got your message. You okay?” she says.

I don’t know how much to impart. Nausea ripples through my body, but I question whether it’s because I’m pregnant or I’m struggling with the impending conversation. I swallow hard and start to cry.

“I’m pregnant,” I say. “That’s why I was so dizzy at our last race. I thought I was sick. Do you remember me saying how sore my breasts were when I got out of the boat after the race?” I wait for her to absorb the news.

“Yes,” she replies. “Did you tell Luke? What does he say?”

“He says he doesn’t want to be a dad. He says I’m too young and this will ruin my life.”

“I have to agree with him, Courtney. It would mean juggling classwork while taking care of a newborn. You would lose your scholarship. Your life would completely change,” she says.

I am 19 years old, and this bed feels like an island.



Research shows that “current athletics practices (perhaps unintentionally) create an unsafe environment in which pregnant college student-athletes fear retribution against their financial aid, continue to train and compete without appropriate healthcare supervision, or feel forced into abortion” (Sorenson, Sincoff, & Siebeneck 2009). In the face of this dilemma, I lie to my varsity coach, telling him, “I have heavy periods and my doctor scheduled a dilation and curettage to remove tissue from my uterus.” He knows nothing about my pregnancy. I am afraid of the repercussions and ashamed about what I feel coerced to do. I share the news with none of my teammates.

* * * *

On the bus ride home from the Southern Regional Championship Regatta, Kara reaches up to the VCR in the front seat and inserts the movie, *Nine Months*—a film where Julianne Moore’s character announces to her boyfriend (played by Hugh Grant) that she’s pregnant. The boyfriend panics because he doesn’t want children. Watching the romantic comedy makes it even more difficult to focus on what lies ahead. My stomach tightens as I hold in the tears. I count the days—six—until the procedure. I am a student athlete who has sacrificed thousands of hours in focused training and competition honing physical skills to compete at the intercollegiate level. Yet pregnancy necessitates a re-examination of my personal, athletic, and academic goals (Sorenson et al., 2009). As I look out the bus window towards the university parking lot, I see Luke waiting. I know that, as much as I want the fairytale, my story will not end as it does in *Nine Months*, with my boyfriend having a change of heart.

20 Years Later

“I’m finally at 70 pounds, Mommy,” my nine-year-old son squeals as he steps off the unsteady metal plate. To him, a scale means a needle sweeping gracefully along a crescent path, each number edging out the last as he grows.

I balance the grocery bags in one hand while I lovingly squeeze his shoulder with the other and reply with the overplayed, “You’re getting so big, my little man.”

When my son challenges me to step on the scale at the grocery store, I politely decline. Though I obsess over my body in other ways, my worth is no longer measured in the pounds I carry. I am no longer a lightweight.

After “electing” to have an abortion, I returned to competitive rowing. Yet, following that critical spring season decision, I never feel light again. I look at my child, and I ponder the weight of that decision.

III: Disfigured – A Postpartum Identity Narrative

October 31, 2005

A cherub-faced nurse from Children's First Health stands at my doorway, ready to equip me for my new position as primary caregiver. She shifts uncomfortably, balancing a cumbersome miniature tanning bed with a satchel of other gadgetry for newborns.

"I'm Tara," she says between labored breaths. "Arnold Palmer Hospital sent me here to set up your home jaundice care system."

"Come on in," I warmly reply. I wonder how long she's been standing there. My post-baby body has its limits; stitches and swelling make it painful to walk more than a few careful steps at a time. I'm unable to take pain medication since it can affect my breast milk. These are not optimal conditions for the first day alone on a new job.

Tara staggers precariously through the door, and I lead her to my bedroom where my newborn daughter sleeps. Tara meticulously connects the phototherapy box to the outlet nearest the bed, making sure all of the components are in place, and then lifts the lid. With a final sigh, Tara flips a small red switch, and the room glows like a nightclub.

"Too bad I'm in no shape for a dance party," I joke.

Unamused, Tara stares blankly. She wipes the sweat from above her eyebrow and reaches into her satchel for paperwork. "Your infant must remain in the phototherapy bed unless you are feeding or changing her. She needs the maximum exposure to light possible."

Tara hands me a miniature sleep mask and what looks like an illuminated iPad case. “Put this over her face to protect her eyes. Wrap her up, putting this biliblanket between her skin and your swaddling blanket. Make sure you record every feeding, her sleep patterns, her bowel movements, and her time in phototherapy.”

Her serious tone evokes first-day jitters. As a new employee of this helpless child, I feel like I should be taking extensive notes on the particulars of my job description. We look down at tiny yellow-hued Eve; she arrived nearly a month before her due date. Tara manages a polite smile, saying, “Must’ve been a struggle for her.” I sense that she’s referencing Eve’s cone-shaped head. Hours of laboring to force her little body out resulted in her looking battered and bruised.

“It was a struggle for me too,” I reply, sensing that my wounds are invisible and insignificant to Tara.

Here I enter into an occupational transformation from the lucrative job of sales engineer traveling weekly to Chicago, Los Angeles, and Miami, to the new stay-at-home mom recording feedings and bowel movements and practicing my swaddling skills. I am left with a spreadsheet and a pat on the shoulder. There is no employee orientation when you have a baby--only disorientation.

It is Halloween night, and I am alone at my new job—lightbox attendant--while tending to my postpartum wounds: breasts leaking intermittently, bleeding from the trauma of delivery, belly no longer swollen

with child but slack like a water balloon spilling over the waist of my sweatpants. As evening approaches, I hear the distant squeals and laughter of small children running through our lawn. Little ones venture out looking for tricks and treats as they traverse the neighborhood in sequins, plastic masks, and feathers. Each one takes on a new identity: cowboy, princess, fairy. A muffled crowd of tiny revelers stand poised at my door, the tapping of little hands knocking, doorbell pressing, and then knocking once more. The commotion startles my newborn, and she begins to cry. Then, I begin to cry.



Perhaps some women more naturally embrace the role of mother as the central element in their changing identity. I struggled with how to organize this transition into motherhood while simultaneously negotiating ways to cope with the loss of past identities. Before giving birth, I was mentally prepared to forfeit my bi-weekly paycheck and socializing with coworkers to instead devote myself to caring for my newborn. However, after Eve was born, I sought to reclaim my pre-pregnancy body as a way to control and normalize my experience of being a new mother.

During pregnancy, my husband and I diligently weighed the possibility of daycare and nannies against the option of one of us staying home with our child. Though I had a profitable career in the software industry, we chose for me the traditional role of stay-at-home mom. Between business trips and sales meetings, I read what fellow mothers suggest, such as Karp's *Happiest Baby on the Block* and the seminal favorite, *What to Expect When You're Expecting*. However, nothing prepared me for the shift from office

work to being at home with an infant. Faulkner (2012) writes that “being pregnant is akin to writing a cost–benefit analysis with few pros listed on the right-hand side of the spreadsheet. . . [T]he unbalanced sheet of costs won’t disappear.” I agree with Faulkner’s analysis of pregnancy; however, my experience pushed this liminal state beyond pregnancy and into motherhood. Upton and Han (2003) confirm that “pregnancy represents a particularly liminal stage in the life course, one in which the social family and the social individual are literally transformed.” Yet at the conclusion of my pregnancy, I experienced a profound sense of loss and a surprisingly increased sense of liminality. While trying to fulfill the new role of mother, I desperately searched for ways to redefine my “self” and feel less disoriented.

Research regarding women’s postpartum body image reaches different and sometimes contradictory conclusions. Several studies report that some mothers are able to overlook society’s obsession with an unattainable female body aesthetic (Fox & Neiterman, 2015; Roomruangwong, Kanchanatawan, Sirivichayakul, & Macs, 2017; Warren & Brewis, 2004). Motherhood can be a time to re-envision one’s body as useful and empowering, as able to grow a human being (Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009). Yet women may also suffer from some form of disillusionment. The postpartum period can bring a loss of identity symbolized by the changes in a woman’s body: a leaky breast, a rippled patch of stretch marks, a collection of dark facial patches. Analyzing 126 pregnant women’s responses related to body image during the third trimester as well as 2-3 days and 4-6 weeks after delivery, Roomruangwong et al. (2017) report that “although women acknowledge their expectations are unrealistic, they still feel dissatisfied for not achieving this unattainable post-pregnancy body ideal.”

The maternal instinct may kick in for taking care of an infant, but stay-at-home moms often experience difficulty transitioning to this new lifestyle, especially if they've made the decision to stop working outside the home. Patel, Lee, Wheatcroft, Barnes, and Stein (2005) emphasize that "how mothers negotiate the public and private stress of changes to their bodies as they integrate their maternal identity into the whole is important. Many mothers simultaneously experience loss of work, social life and autonomy as well as loss of their pre-pregnancy bodies." During major changes in lifestyle, my identity became inextricably tied to changes in my physique. I operated under a misguided sense that if I returned to my pre-baby size and shape, I would feel like "myself" again; in this way, reclaiming my body became an attempt to merge my pre- and post-pregnancy selves.

July 10, 2005

I lie on the family room couch with a heaping bowl of kettle corn laced with M&Ms as I watch Entertainment Tonight. My unhealthy snack is a direct reflection of my tv-watching; it's all junk, but I can't stop consuming either. I momentarily stop chewing as I watch pop star Britney Spears enter the famous Chinese Theater for the Charlie & the Chocolate Factory movie premiere. Her skintight aqua tank top, emblazoned with "I Have the Golden Ticket," displays an arrow pointing to her pregnancy-swelled belly. Spears and I are pregnant with our first child at exactly the same time. I reach down beyond the popcorn and feel the roundness of my own belly. The voice of the commentator fades as I observe her pose for red

carpet pictures from all angles. I take mental snapshots of the voluptuous Spears so I can later compare myself from all directions in our collective state of “being with child.” I feel compelled to link our pre-baby experiences, wardrobe, and weight distribution—as if our bodies and our pocketbooks are equally-matched. In my mind, Britney and I will race against each other to shrink back to “normal size.” I recognize that I am an average, middle-class woman, relentlessly fixated on some unattainable, airbrushed facsimile of reality. I acknowledge that I do not employ a team of dietary experts, a trainer, or a nanny. I am not privy to trips to the spa or a host of stylists and plastic surgeons. Yet, I behave as if I am meant to exhibit the media’s magical beauty—bikini-ready just hours after giving birth.



According to O’Brien Hallstein (2011), “Media [coverage is] saturated with post-pregnant celebrity mom profiles and images. Although celebrity mom profiles have always featured fit, in-shape moms, more recent celebrity mom profiles have begun to highlight celebrity moms’ quickly slender, even bikini-ready, bodies.” Hopper and Stevens Aubrey (2016) suggest that “the common thread running through these media is that rather than focusing on the recently post-partum celebrity as an autonomous human being adjusting to new motherhood, they largely prioritize her appearance over all other experiences.” An increase of media coverage on celebrity moms creates a skewed body image for the average American woman (Fox & Neiterman, 2015; Nash, 2015). In a search to reclaim my identity after pregnancy, whittling my figure back to “normal” size

seemed like a suitable method for reclaiming part of my pre-pregnancy identity. I perceived my age and physical appearance as similar to Spears and began planning to “get my body back” (Fox & Neiterman, 2015; Upton & Han, 2003). In her 2006 article, Nash presents Britney Spears as the prime example of this phenomenon. Nash explains, “I have chosen Britney Spears for this exploration not because she is necessarily the first celebrity woman to be photographed whilst pregnant, but because she exemplifies the tension between pregnant embodiment and international celebrity, naïve rural ‘girlhood’ and female sex symbol.” Clearly, the media feed women highly processed, extremely toxic messages that may subconsciously fuel a new mother’s desire to shrink and to erase any sign of her pregnancy, including her child.

October 11, 2008

In the dark coolness of early morning, I slip out of bed and check on my newborn son. His tiny fists rest close to plump, pillow-like lips slightly parted. I look at my watch: 5:15am. His internal clock has fallen into the ideal feeding and changing schedule. I hurriedly change into my black Nike sports bra and workout shorts. Just six weeks after Landon’s birth, my breasts are swollen and aching. I rifle through disorganized bins in the medicine cabinet for relief and find an old ACE bandage. Hurriedly, I stretch the elastic across my chest, squeezing as much of the pressure of engorged milk ducts back in. My reflection in the bathroom mirror is comically half mummy chest and half mommy tummy. The sagging baby belly flesh bursts between the waistband and the binding; however, there’s

no time to obsess over this fashion faux pas. I cover myself with a black maternity t-shirt and tug on my shoes as I rush out the door.

The florescent-lit group exercise room is lined with floor-to-ceiling mirrors. I avoid looking at my post-pregnancy shape, disassociating from this stranger in the mirror, still 50 pounds heavier than pre-pregnancy.

“Welcome to BodyPump training. I’m Megan. Let’s get you signed in.” Megan, the exuberantly confident lead trainer, hands me a pen and a large stapled pack of choreography notes. Her brown eyes are fixed on mine.

I glance around the room, noticing that in my post-pregnancy state, I look like an outsider. I’ve exchanged my wardrobe full of bright-colored shorts and half tops for more conservative billowy t-shirts and compression leggings. My once taut muscles are slack. I feel compelled to tell Megan I’m not usually “this size,” but instead I politely smile and remain uncomfortably quiet. While the other potential BodyPump instructors socialize, I find an open space on the exercise floor to stretch. The shiny laminate wood feels cool against my nervous, hormonally-charged body. I consciously force myself to “look friendly” and make eye contact while we wait for training to start, but the throb of my engorged breasts is distracting and painful. Part of me imagines this as my body’s retribution for abandoning my son. The other part of me wishes I’d quit breastfeeding sooner.



I used exercise as a way to manage anxieties associated with my struggle in the role of new mother. Fox and Neiterman (2015) observe that “while motherhood entails huge responsibility, [our] pregnant, laboring, and lactating bodies often feel out of control.” In response, “entire industries have now grown up around the postpartum body, including workout videos, special programs for the ‘new mom’ at health clubs, Web sites, and chat groups. The postpartum body is scrutinized, but the onus for control and change rests on the individual” (Upton & Han, 2003).

As an expression of control, I plunged into teaching fitness classes. What began with indoor cycling at one gym transformed into learning choreography for four exercise formats: cycle, Zumba, Les Mills BodyPump, and yoga. I taught as many as twelve classes a week at five different facilities. Leading a group in exercise was a rewarding escape from the stress of being a new mom, an escape from the typical stay-at-home household monotony. Motivating others became a social outlet as well as a means of generating some income.

In some ways, teaching group exercise seems like a healthy way to reconnect with other women and to reestablish some independence. However, it comes at a price. Reclaiming my body and identity through exercise is in some ways detrimental to how I conceptualize my “self.” According to Brumberg (1997), “instead of relaxing the imperative to lose weight and be thin, the pressure to control the body has been ratcheted upward by an even more demanding cultural ideal: a lean, taut, female body with visible musculature.” Exercise does have health benefits, but it also embeds me in a subculture that scrutinizes bodies according to exacting and unrealistic standards. As Warren and

Brewis (2004) point out, “We do not enjoy full jurisdiction over our bodies – they frequently refuse to take on the shape, weight, demeanor, even color that we strive to impose.” While I make an effort to engage the positive benefits of exercise, I also navigate feeling “let down” by my post-pregnancy incapacities. My bladder tends to leak when I jump rope or run on the treadmill. The muscles I built through years of training return, but weight hangs differently on my postpartum body.

Literature on postpartum body and identity reveals both struggles and appreciations. Some women report that pregnancy changes one’s concept of the body as an aesthetic project to a larger understanding of its utility for creating new life (Clark et al., 2009). For instance, women report several experiences unique to pregnancy that help them cope positively with bodily changes (e.g., increased body functionality, new sense of meaning that centralizes well-being of the developing fetus, embodied experiences such as feeling a baby kick) (Clark et al., 2009; Fox & Neiterman, 2015; Roomruangwong et al., 2017). In Warren and Brewis’ 2004 study of eleven women, one participant mentions that she “blossomed and felt full of energy.” These conclusions add weight to the argument that there is a sense of vitality and meaningfulness in knowing that one’s body is creating and nurturing life. The data, however, primarily come from interviews with women before childbirth and during pregnancy (Clark et al., 2009; Fox & Neiterman, 2015; Roomruangwong et al., 2017; Warren, 2004)—not on postpartum women. Although I experienced some of the positive aspects highlighted in the literature, I also mourned the loss of my pre-pregnancy body.

This chapter began as a study of postpartum body image. Yet engaging with the literature and revisiting my personal struggle, I realize that body image is not my primary

subject matter. Postpartum, I sought to redefine myself and retain control over a body that no longer felt like my own. As Upton and Han (2003) suggest, “While certainly not all women experience this sense of loss in the same manner, observing the discourse and negotiations of women who do struggle with the concept of reconstituting a particular kind of body adds to the existing literature on gender and the tensions between the public and the private body.” The underlying story is about the desire to assert control over my physical self while navigating my new identity as a mother. Research on this liminal state contributed to greater understanding of my identity and reaffirmed that I am not alone in my connections of body and identity. Nash (2006) writes, “As the pregnant body requires the state of having two bodies in one, this positions the pregnant woman as both herself and not herself.” Embodying this duality, I found it difficult to negotiate both the new responsibilities of a mother and the loss of my independence. Budgeon (2003) suggests that women re-conceptualize their bodies. She states, “We need to develop an approach which can envision a body beyond the binary of materiality and representation — the body not as an *object* but as an *event* to understand the ways in which females actively live their embodied identities.” With that in mind, I try to shift my focus beyond physical symbols of a lost pre-pregnancy identity--deflated breasts, stretch marks, and varicose veins--and develop a deeper connection to *myself*, here and now.

IV: In Sickness and in Health: An Embodied Account

December 12, 2014 – Mat’s House in Huntington Beach, California

I am enveloped up to my chin in a bubble bath. I am 38 yet feel childlike. An antique, claw-footed tub spills over with warmth. The bath echoes the emotion of this moment. My childhood friend, Mat, sits cross-legged next to me on the bathroom tile of his California home; his fingertips interlace my wet, bubbly hand.

“Close your eyes, so I can look at your face,” he whispers. This is the way we make it comfortable to stare at each other. I close my eyes and turn my face towards him while he studies me—my pores moist from the steam, the slight upturned corners of my grinning lips, my wet, blonde hair pulled back in a high ponytail. Smiling and allowing him to play this little game with me, I’m reminded what it feels like to be loved.

“I’ve loved you since you were a child.” His sentiment echoes in my memory.

It’s hard to believe we are back in each other’s lives after 20 years apart.

He says, “I know we’ve only been together for a few days, but I need to know if you’ll consider something.”

I feel my body slipping further into the water, so I readjust my hands onto the sides of the tub. Eyes still closed, I nod for him to continue.

“Would you ever consider having another child?” he asks.

For a moment, the question floats amid the steam, and I open my eyes to see him gazing at me intently. The adolescent boy I once knew is now this man who asks heavy questions without hesitation. Mat presses the side of his cheek into my hand. His profound desire for a child is undeniable, yet I struggle with my internal thoughts:

Just the other day, I told my son, “You came out the sunroof of my belly.”

Even through the cloud of general anesthesia, I saw his entry into the world as miraculous. As a reminder, a faded scar floats across my abdomen alongside silvery cirrus-cloud-like stretch marks.

As I lift myself out of the tub, I look down at the remnants of my tiny white C-section scar. There are so many reasons to say no, but instead, I reply, “But how? I had my tubes tied, and there’s a lot of risks to consider at our age.”

Revisiting Fertility

There are two options for those who want children after tubal ligation. One is in vitro fertilization (IVF). The alternative is a procedure to resection and connect the fallopian tubes, known as a tubal ligation reversal. After months of careful thought, Mat and I decide that a minimally-invasive, outpatient surgery to reconnect my tubes feels like a more “natural” solution than the injections, egg retrieval and fertilization process involved with IVF. Within just a month of getting married, we schedule the surgery.

June 29, 2015 – Tubal Reversal Surgery – Outpatient Surgery Center

Four tiny incisions puncture my abdomen to make room for slender robotic instruments and miniature surgical tools. Two of these gadgets function as Dr. Roy’s hands, while a small camera becomes the surgeon’s eyes. He traverses the internal workings of my reproductive system and identifies a tiny clamp on my left fallopian tube. Using the remote guidance system, he delicately cuts the clip away from the tube and then sutures the healthy tissue back together in hopes it will provide a clear pathway for an egg. However, as the surgeon navigates to the other side, he notices my appendix. What normally appears as a wormlike shape conspicuously balloons with inflammation. A simple tubal reversal procedure will now include an appendectomy.

Using the navel as a minimally invasive “in route” to surgical procedures is now common practice. Had I actually experienced any symptoms of appendicitis, the surgeon would’ve performed this same type of laparoscopic surgery to remove the inflamed organ as he did to reconnect my fallopian tubes. This method of surgery means less recovery time for the patient and certainly less trauma on the body.



Inside the small, dimly lit recovery room, the scent of sterile bandages floods my nostrils. I sense the hushed whisper of nurses around me, attempting to keep my post-surgery slumber intact. I regain consciousness long enough to beckon one of them to my bedside, hoping she’ll share the results of my procedure. One nurse in particular lingers near the door. I lift my head and ask, “Did everything go okay?”

“You’re fine,” she says calmly. The nurse studies my chart for a moment, then hesitates before adding, “The doctor saw some inflammation, so he removed your appendix.”

July 12, 2015 – Center of Reproductive Medicine

After two weeks, we return to the fertility doctor’s office for news about the success (or failure) of our tubal reversal. Dr. Roy sits in his dark leather office chair staring down at the paperwork on his desk. He intently focuses on his hands, which hold a manila folder labeled “Fuller, C.” He looks up and then motions for us to sit.

He opens the folder and hands me the first image, saying, “Here is your left fallopian tube with the clip intact that I removed.”

Dr. Roy points to one of the colorful images of my internal organs, but it’s hard to discern the location and parts of my body to which he refers. The second photo he hands

me is the last I'd see of my inflamed appendix. He takes a deep breath and says, "You're going to have to set aside getting pregnant for now. As you know, I was concerned by the inflammation of your appendix. The pathology results show that it's cancer."

Mat's hand instinctually moves toward my belly, and I wince from the pain. My throat goes suddenly dry; my forehead and armpits moisten with sweat as an ache spreads to my arms and legs. My midsection is still extremely tender. Most of the swelling has subsided, but now my C-section scar and stretch marks are joined by a collection of other wounds across my belly. Though laparoscopic surgery is less invasive and causes less tissue injury than having an open surgery, the throbbing pain of my newly-reformed navel is more than I expected, like a hole punch through the center of my stomach. From the insertion points of the surgeon's robotic tools, dissolvable stitches mark the outskirts of my tender belly.

After his soft-spoken utterance of "cancer," most of what Dr. Roy says is beyond my comprehension--not because of medical jargon but simply disbelief. I begin to understand that although my appendix was removed completely, there's no telling if other organs might be affected. I turn instinctually towards my typically boisterous and inquisitive husband, who looks back at me with silent concern and complete shock. What began as a journey for new life now shifts into navigating a complicated expedition to keep *me* alive. Along with the colorful pictures of my internal self, Dr. Roy hands me a copy of the surgical pathology report, which states: "Appendix with low grade mucinous neoplasm extending to the proximal margin of resection: Pseudomyxoma Peritonei (also referred to as PMP)."



Mukherjee (2011) describes cancer as “an expansionist disease; it invades through tissues, sets up colonies in hostile landscapes, seeking ‘sanctuary’ in one organ and then immigrating to another. Sontag (1978) reaffirms this position, stating, “Cancer is understood as a disease that can turn up in any organ and whose outreach is the whole body.” The particular type of cancer that invaded my body begins in the appendix as a gelatinous substance—a mucus. Over time, the collection of mucus may burst from the appendix and make its way through the peritoneum (the membrane surrounding the organs in the midsection) to take up residence in other parts of the body. Because of its viscosity, it is not only difficult to detect but also very complicated to remove.

Pseudomyxoma Peritonei has been classified as a very rare disease with about one in one million chance of this particular mucinous tumor developing in one’s appendix or ovaries (Pseudomyxoma peritonei, 2018). Audrey Hepburn is often cited as a well-known victim of PMP. Over time, the mucous in the appendix or ovaries builds without any symptoms. Most often, as was the case with Hepburn, late diagnosis renders PMP too advanced to treat. The mucous has already filled much of the abdominal cavity. Procedures to remove affected organs or “debulk” the substance through chemotherapy are the only chances for survival. I hope my saving grace will be this early detection.

July 13, 2015 – Colon and Rectal Specialists of Florida

My appendix was swollen yet in one cohesive piece. Still, there are no guarantees that other parts of my body haven't been contaminated. There is also no definitive answer as to whether the mucous-like accumulation of cells originated in my appendix.

Immediately following this life-altering news, Mat and I arrange a consultation with a colon specialist. As I sit on the examination table in Dr. Lang's practice, I wonder how long this cancer has been collecting inside of me. I recognized no symptoms. The longer we wait for the specialist, the more my anxiety rises. Just as my body begins to feel like it may collapse, a poised young woman in a lab coat enters, her long brown hair pulled into an elegant ponytail. She extends both hands out to mine and introduces herself as Dr. Lang.

"Nice to meet you, Courtney. I see Dr. Roy advised you to meet with me to discuss the next steps. The pathology results indicate that there might be more cancerous cells near the site where Dr. Roy removed your appendix." After our handshake, her blue eyes stay fixed on the paperwork in my file. "This is a rare condition, Courtney. I consulted with a fellow specialist on how to treat your case."

I am startled by Dr. Lang's use of the word "case." Though her presentation of the material is informative, I feel more like a specimen to be studied than a person with an illness. As Frank (1991) suggests, "Physicians too often do not express to the patient that they recognize her experiences of fear, frustration, and personal change. Their talk is about diseases, about the parts that have broken down, not about the whole, which is living that breakdown." Dr. Lang's close scrutiny shifts from the paperwork to my face, and for a few seconds, our eyes lock.

I wonder to what extent she sees me as a person, a woman, a wife, a mother—and to what extent a patient, an object of medical intervention, a data point in an experiment.

Richards (2008) states that “many people suffering from chronic illnesses or disabilities are focused on as the subjects of research, but as people, they are rendered invisible.”

Dr. Lang moves toward a stack of patient handouts and selects “Colorectal Surgery: Open Surgery for Polyps and Cancer.” After thumbing through the document, she folds back a page revealing a series of colorful “Before and After” diagrams of resectioned colons.

“The best course of treatment would be to remove about a foot of your right ascending colon,” she says as she hands me the pamphlet.

Her matter-of-fact delivery sounds convincing. I stare at the bright artist renderings of a “right hemicolectomy colorectal resection.” The drawings are more defined and vibrant in comparison to the true-to-life photographs in my chart. She marks the spot of the resection with her black ballpoint pen, illustrating that most of my ascending colon and cecum are to be removed. Then, the colon is reconnected to the small intestine. From the outside, I seem to be taking the news of another procedure in stride, but my insides are screaming. It’s been just a few weeks since the tubal reversal surgery. Now it’s clear I’ll be enduring more trauma to the belly. Though it’s disturbing to think of removing a large section of my colon, the thought of cancerous cells in my body is even more unsettling.

“How soon can we schedule this procedure?” I ask.

Dr. Lang shifts back to the paperwork, looking for answers. “That’s the thing,” she sighs. “Your abdomen is healing now and still very inflamed from the previous surgery. It’s important to wait at least another month until you heal.”

My body slumps. The simple physical act of shoulders folding forward and rounding my back triggers pain to my midsection—as if my physical self is confirming the need to heal. I feel immediately vulnerable and start crying softly. Tears run down my cheeks. In an act of faith, I must put my life in the hands of a doctor who has no previous experience treating a patient with PMP.

I probe her for more answers, “So I assume you will do this surgery laparoscopically too?” My belly button has already been punched through and sewn back together once. I expect she’ll be navigating through my midsection the same way.

“Yes, but I will have to also make more room to resection your intestine. The incision is longer—a couple more inches above your navel,” she explains. “Some skin and tissue must be opened to fully clear any associated lymph nodes and blood vessels that might be infected.”

The idea of having a foot of my intestine removed is mildly terrifying, though this part of the procedure is not the most dangerous. Suturing the intestines together (in my case, the transverse to the small intestine) or “resectioning” of what remains is where most complications occur. A tear or weakness at the resection site may result in a leak, which means harmful waste contaminating my abdomen. She tells me I must remain in the hospital for a week to make sure that the intestine has healed enough. Most importantly, I must be able to eat solid food and demonstrate its successful passage through my gut.



My husband rests on a heap of pillows and quilts we've assembled as a softened wall between us in our bed. His arm reaches across our billowy divide in an effort to reassure me. There are the physical complications of being newly-married and navigating fertility and now cancer. Mat is my primary caregiver and must set aside many of the pleasures of being a newlywed in order to carry out his duties. As I reach for his fingertips, I realize that Mat's caretaking extends beyond this life-threatening illness. Even as children, Mat was the boy who offered me safety, took care of me when my heart was broken, and answered my teenage inquiries with unwavering honesty. I turn my head toward his side of the bed to see his face. I realize he also must negotiate the emotions of being unable to conceive (at least for now). A strange dichotomy of gratitude for the early detection of cancer competes with a heavy sorrow for my husband.

Having the patience to heal is a difficult concept for me to swallow. Sontag (1978) describes cancer as progressing by "a science fiction scenario: an invasion of 'alien' or 'mutant' cells, stronger than normal cells (Invasion of the Body Snatchers, The Blob, The Thing)." The thought of this growing cancerous mucous inside of me echoes her description. Stitches and scars, the signs of physical trauma to my body, are visible and obvious. Though laparoscopic surgery is less distressing to the patient, it still involves cutting into the body's tissues and causing inflammation to the surrounding area. Emotional trauma, as already indicated, tends to remain hidden from medical personnel and is often overlooked.

I do not take this diagnosis one day at a time; every moment of every day between the discovery of cancer and its ultimate removal seems like an eternity. I wake up every day asking myself: *How would I seize the day in my standard routine?* Brief moments of normalcy—making dinner for the family, grading papers, teaching yoga—are punctured by the physical discomfort of healing. My identity becomes splintered from the normal roles: mother, wife, instructor, friend. For now, I live with cancer.

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I step inside the hospital lobby, heavy sliding doors closing behind me. I immediately feel the combination of medical-grade cold and blinding florescent light—the type reserved specifically for the hospital experience. Mat carries my overnight bag containing my toothbrush, coconut lip balm, and the 7 pairs of colorful knee socks he purchased for my post-surgery stay. In this moment, they are my source of warmth. I work hard to view the experience as a spa appointment. The most uncomfortable pre-surgery occurrence is the nurse inserting the intravenous line (IV); however, my skin is naturally a transparent pale, which makes veins easy to discover. I hand my driver's license to a friendly red-headed woman in bright blue scrubs. Shortly after, she introduces herself as Cathy, the nurse assigned to me during surgery. She takes my vitals and then guides me to a changing room. After she closes the door, I undress and stand naked in front of the mirror. I realize that the reflection I see is not the body before pregnancy nor the body that ran a half marathon three years ago. I now carry a constellation of scars; some will be reopened—again!—while new ones will be added. I practice the belly breath I teach in yoga, allowing my hand to rest at my navel. I wonder

what it will look like once it's healed again. I know I will never be the same. As my pre-op instructions dictate, I rip open a fresh pack of chlorohexidine wipes and perform one final ritual cleanse of my body.

Recovery

As I regain consciousness, I am plagued with thirst. Mat reaches for a small paper cup with ice water and immerses a little green sponge on the end of a wooden stick. He puts the wet sponge in my mouth. Though in good company of nurses and doctors, the speed and quality of my recovery rests solely in the hands of Mat, my caregiver. Frank (1991) imparts, "Most medical staff do not have the time to be caregivers, and many may not have the inclination. They provide treatment, which is no less important than caregiving, but it is not at all the same."

"Did everything go okay?" I ask Mat. Every moment I wake from anesthesia, I inquire again—not recalling the last occasion I asked.

"Everything went smoothly," he says in a reassuring tone. "Dr. Lang will be visiting us shortly to give you the details in person."

The nurse on duty enters the room, checks the monitor for my vital stats and then takes my temperature. With my post-surgical pain under control, the only sensation I feel is the oxygen flowing through my nasal cannula. I look at my husband. His fingers are interlaced with my hand, and I recall that moment in California when he sat next to me in the bath and asked if I would have a child with him. I close my eyes and wish I could be transported back to that pivotal moment.

There's a soft knock at the door. "May I come in?" asks Dr. Lang as she peeks her head around the corner. She glides into the room and hands her paperwork to the nurse while she washes her hands.

"The procedure went exactly as planned," she says as she approaches my bedside. She pulls the warm blanket and sheet back to reveal a massive bandage across my midsection. "I removed about a foot of intestine. I opened your bowel near where Dr. Roy removed your appendix and found no traces of cancerous mucous. Just to be sure nothing spread to the surrounding area, I also removed thirty lymph nodes."

Dr. Lang peels back several layers of cotton dressing to reveal my new scar.

I crane my neck towards my midline, and Mat leans in to see the vertical trail of stitches running north from my navel.

"That's your lifeline," he says.

Reflections

Throughout the process of writing my thesis, I have experienced waves of anxiety as well as a few epiphanies. Composing some of my embodied autoethnographic experiences left me feeling so emotionally exhausted that I set aside this project for almost a year. I feared revealing private, and perhaps at times discrediting, narratives.

Though writing autoethnographically has been therapeutic for me, it requires me to think beyond my embodied self and recognize the ramifications of my body's narrative on others. I am aware that there are family and friends who might object to the exposure of some of these vulnerable moments. To this point, I felt so troubled about whether to include a chapter on childhood sexual abuse that the uncertainty and stress nearly derailed my thesis. Carolyn Ellis (1999) imparts:

Honest autoethnographic exploration generates a lot of fears and self-doubts—and emotional pain. Just when you think you can't stand the pain anymore, well that's when the real work has only begun. Then there's the vulnerability of revealing yourself, not being able to take back what you've written or having any control over how readers interpret it. It's hard not to feel your life is being critiqued as well as your work. It can be humiliating.

Clearly the research process can become difficult to navigate emotionally. For me, the act of writing about being a victim of childhood sexual abuse was enough; I didn't need to include that narrative in my thesis to reignite my healing process. A story can be deeply valuable even when not shared publicly.

Tillmann (2015) imparts, "We move forward with pieces missing. We do not get *over*, which implies resolution, but get *on*—alone and in solidarity." Once I let go of that

sex abuse chapter that I had experienced as holding me hostage, I fully embraced the completion of my thesis.

Revision

Most of my embodied autoethnography was originally drafted during graduate classes as well as an independent study on body and food. When I revisited these works for possible inclusion in my thesis, I often found deeper meanings than I had originally. In one case (the experience of my first pregnancy and abortion) I uncovered a story that, filled with shame, I had tried to forget. Much like autoethnographers before me (e.g., Chatham-Carpenter, 2010; Ellis, 2009; Kiesinger, 2001; Tillmann, 2009), I realized the importance of acknowledging the places in my personal narrative where it seems appropriate to interject my feelings as I worked through the research process. These insights come in the form of meta-narratives: writings about the process of writing. They lift the veil for the reader and show how I came to understand a deeper meaning or answer a question.

One meta-narrative example is the extension of my rowing narrative “An Interlude: Research Interrupted.” This begins with the moment I felt the first signs of pregnancy and moves through the decision to have an abortion. A phone conversation with my thesis advisor, Dr. Tillmann, was the inspirational spark for adding this story to my thesis. She already had suggested I compose additional narrative snapshots about my rowing career. As I scanned my memories for other experiences I could include, I uncovered a significant embodied moment that occurred while I was a college athlete. The realization that I had omitted such a critically important event from my renderings of that time became a momentary stumbling block to completing my thesis. I am reminded

of Ellis (1999), who observes:

Memory doesn't work in a linear way, nor does life either, for that matter. Instead, thoughts and feelings circle around us; flash back, then forward; the topical is interwoven with the chronological; thoughts and feelings merge, drop from our grasp, then reappear in another context. In real life, we don't always know when we know something. Events in the past are always interpreted from our current position.

I am reminded that both Kiesinger (2001) and Ellis (2009) vulnerably share the specifics of the abortion process with readers. Yet, due to the reawakened sense of grief and shame of this "recovered" experience, I chose to eliminate the concrete details of the abortion procedure from my narrative. Perhaps this is my mind's way of navigating this sensitive recollection. My refusal to impart the specifics is not to shirk the trauma of that experience, but rather to focus the importance on how this decision about my body, in many ways, did not feel like my own. It may also be a way for me to navigate the emotions and painful regret I still feel. The decision to follow Dr. Tillmann's advice was a turning point for me, both in my body's connection to the emotional trauma and in my autoethnographic journey as a writer. I recognized that I no longer needed to bury my past. Ellis (2009) states, "The meaning of a story depends on the other stories it will generate." By acknowledging the emotions and lack of control I felt, I could frame my story in a way that might help others make more informed decisions about their own bodies. Frank (2005) observes, "One story calls forth another, both from the storyteller him or herself and from the listener/ recipient of the story. The point of any present story is its potential for revision and redistribution in future stories."

Not only did other memories emerge that enhanced and complicated the narrative, deeper subjects also materialized when I revisited my work. As I poured over the revisions in “Disfigured,” I doubted the strength of the narrative about coping with body changes during post-pregnancy. My narrative didn’t evoke in me the same impact I’d felt when I wrote it two years before. The narrative pieces felt flat, and data I included didn’t feel sufficiently compelling. After reengaging literature on the topic, I realized that this story wasn’t really about changes in body image; instead its crux seemed to be changes in *identity* as I embodied the new role of mother. I needed to dig beneath postpartum “bodily stigmas” (Ellis, 2009) and “body projects” (Brumberg, 1997; Budgeon, 2003; Sparkes, 2000). The stretch marks and scars were mere symbols, physical manifestations of a much deeper conflict within my “self.”

The process of writing this thesis also meant researching and revisiting important medical data relevant to “In Sickness and in Health.” I drew inspiration by sifting through an overflowing folder of hospital bills, informational pamphlets, and surgery treatment plans. This collection of documentation gathered in 2015, along with descriptions pulled directly from my journal entries, added colorful details to my illness and fertility narrative. While some of that period’s pain and bodily sensations remain etched on my consciousness, I felt grateful to be able to supplement those memories with journal descriptions written during that recovery period.

My hope for this thesis lies within Frank’s work, *At the Will of the Body*. Frank (1991) states, “I want what I have written to be touched as one touches letters, folding and refolding them, responding to them.” In the spirit of Franks’ words, I performed “The Center of the Map” at the January 2019 Symposium on Autoethnography, honoring

the work of Arthur Bochner and Carolyn Ellis. There were moments in my presentation when I struggled to keep my voice from shaking and moments when I paused to regain composure. However, the response from many of the autoethnographers present was overwhelmingly supportive. A few of the professors in attendance even chose to incorporate my poem into their health and ethnography-based courses. The experience of sharing my embodied autoethnography with others motivates me to make this thesis an ever-evolving ethnographic study of my body and myself.

References

- Anderson, R. (2001). Embodied writing and reflections on embodiment. *Journal of Transpersonal Psychology, 33*(2), 83-98.
- Bochner, A. P., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. New York, NY: Routledge.
- Borderline: A lightweight story. (2001). Retrieved from <http://www.umass.edu/journal/Lightweight/story.html>.
- Brumberg, J. J. (1997). *The body project: An intimate history of American girls*. New York, NY: Random House.
- Budgeon, S. (2003). Identity as an embodied event. *Body & Society, 9*(1), 35-55.
- Chatham-Carpenter, A. (2010). "Do thyself no harm": Protecting ourselves as autoethnographers. *Journal of Research Practice, 6*(1), 1-13.
- Clark, A., Skouteris, H., Wertheim, E., Paxton, S., & Milgrom, J. (2009). My baby body: A qualitative insight into women's body-related experiences and mood during pregnancy and the postpartum. *Journal of Reproductive and Infant Psychology, 27*, 330-345.
- Crosby, C. (2016). *A body undone: Living on after great pain*. New York, NY: New York University Press.
- Ellingson, L. L. (2017). *Embodiment in qualitative research*. New York, NY: Routledge.
- Ellis, C. (1999). He(art)felt autoethnography. *Qualitative Health Research, 9*(5), 669-683.
- Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work*. New York, NY: Taylor & Francis. Kindle edition.

- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. Denzin & Y. Lincoln (Eds.), *The Handbook of Qualitative Research* (2nd ed., pp. 733-767). Thousand Oaks, CA: Sage Publishing.
- Faulkner, S. (2012). That baby will cost you: An intended ambivalent pregnancy. *Qualitative Inquiry*, 18(4), 333-340.
- FISA Medical Commission. (2010, October 9). Weight loss by lightweight rowers and coxswains. Retrieved from http://www.worldrowing.com/mm//Document/General/General/10/89/37/FISA's_position_on_weight_loss_by_lightweight_rowers_and_coxswains_English.pdf.
- Fox, B., & Neiterman, E. (2015). Embodied motherhood: Women's feelings about their postpartum bodies. *Gender & Society*, 29(5), 670-693.
- Frank, A. W. (1991). *At the will of the body: Reflections on illness*. New York, NY: Houghton Mifflin Harcourt.
- Frank, A. W. (2002). *The wounded storyteller: Body, illness and ethics*. Chicago, IL: University of Chicago. Kindle edition.
- Going heavy, going light. Changing weight classes in rowing. (2015, December 09). Retrieved from <http://www.worldrowing.com/news/going-heavy-going-light-changing-weight-classes-rowing>.
- Hoag, H. (2003, August 10). Drained and confused. *Rowing News*, 10(11), 30-35.
- Hodges, N. (2015). Weighing ourselves down: Scale stories. *Departures in Critical Qualitative Research*, 4(3), 51-69.

- Hopper, M. K., & Stevens Aubrey, J. (2016). Bodies after babies: The impact of depictions of recently post-partum celebrities on non-pregnant women's body image. *Sex Roles, 74*, 24-34.
- Keenan, K., Senefeld, J., & Hunter, S. (2018). Girls in the boat: Sex difference in rowing performance and participation. *PLoS ONE 13*(1): e0191504. Retrieved from <https://doi.org/10.1371/journal.pone.0191504>.
- Khodae, M. Olewinski, L., Shadgan, B., & Kiningham R. (2015). Rapid weight loss in sports with weight classes." *Current Sports Medicine Reports, 14*, 435-441.
- Kiesinger, C. (2001). My father's shoes: The therapeutic value of narrative reframing. In C. Ellis & A. P. Bochner (Eds.), *Ethnographically speaking: Autoethnography, literature, and aesthetics* (pp. 95-114). Walnut Creek, CA: AltaMira Press.
- Lacoste, A., Hannafin., J, Wilkinson, M., Smith, M., Oswald, D. & Rolland, J.C. (2014). Athlete health and safety in rowing: Editorial by the FISA (rowing) sports medicine commission. *British Journal of Sports Medicine, 48*, 1523-1524.
- Leavy, P. (2015). *Method meets art: Arts-based research practice*. New York, NY: The Guilford Press.
- Litsky, F. (1997, December 19). Wrestling: Collegiate deaths raise fears about training. *The New York Times*. Retrieved from <https://www.nytimes.com/1997/12/19/sports/wrestling-collegiate-wrestling-deaths-raise-fears-about-training.html>.
- McGannon, K. (2012). Am "I" a work of art(?): Understanding exercise and the self through critical self-awareness and aesthetic self-stylization. *Athletic Insight, 4*(1), 79-95.

- McNeely, E., & Cameron, T. (2016). Losing weight, making weight, rowing fast. Retrieved from <http://www.usrowing.org/wp-content/uploads/2016/08/Losing-weight-Making-Weight-Rowing-fast.pdf>.
- Mukherjee, S. (2010). *The emperor of all maladies: A biography of cancer*. New York, NY: Scribner.
- Nash, M. (2006). Oh baby baby: (Un)veiling of Britney Spears' pregnant body. *Michigan Feminist Studies*, 4, 27-49.
- NCAA. (2018). Student-athlete participation: NCAA sport sponsorship and participation rates report. Retrieved from https://ncaaorg.s3.amazonaws.com/research/sportpart/Oct2018RES_2017-18SportsSponsorshipParticipationRatesReport.pdf.
- O'Brien Hallstein, L. (2011). She gives birth, she's wearing a bikini: Mobilizing the postpregnant celebrity mom body to manage the post-second wave crisis in femininity. *Women's Studies in Communication*, 34, 111-138.
- Patel, P., Lee, J., Wheatcroft, R., Barnes, J., & Stein, A. (2005). Concerns about body shape and weight in the postpartum period and their relation to women's self-identification. *Journal of Reproductive and Infant Psychology*, 23(4), 347-364.
- Pseudomyxoma peritonei. (2018). Retrieved from <https://rarediseases.info.nih.gov/diseases/7488/pseudomyxoma-peritonei>
- Roomruangwong, C., Kanchanatawan, B., Sirivichayakul, S., & Maes, M. (2017). High incidence of body image dissatisfaction in pregnancy and the postnatal period: Associations with depression, anxiety, body mass index and weight gain during pregnancy. *Sexual & Reproductive Healthcare*, 13, 103-109.

- Sharma, S., Reimer-Kirkham, S., & Cochrane, M. (2009). Practicing the awareness of embodiment in qualitative health research: Methodological reflections. *Qualitative Health Research, 19*(11), 1642-1650.
- Slater, G., Rice, R., Jenkins, D., & Hahn, A. (2014). Body mass management of lightweight rowers: Nutritional strategies and performance implications. *British Journal of Sports Medicine, 48*, 1529-1543.
- Slater, G. J., Rice, A. J., Mujika, I., Hahn, A. G., Sharpe, K., & Jenkins, D. G. (2005). Physique traits of lightweight rowers and their relationship to competitive success. *British Journal of Sports Medicine, 39*, 736-741.
- Sparkes, A. C. (2000). Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sport Journal, 17*, 21-43.
- Sontag, S. (2013). *Illness as metaphor and AIDS and its metaphors*. New York, NY: Giroux. Kindle edition.
- Sorenson E., Sincoff M., & Siebeneck E. (2009). The need for an effective student-athlete pregnancy and parenting policy. *Journal of Issues in Intercollegiate Athletics, 1*, 25-45.
- Sykora, C., Grilo, C. M., Wilfley, D. E. & Brownell, K. D. (1993). Eating, weight and dieting disturbances in male and female lightweight and heavyweight rowers. *International Journal of Eating Disorders, 14*(2), 203-211.
- Taylor, T. (2016). Making weight: A lightweight rower's struggle with the scale. Retrieved at: <https://www.si.com/edge/2016/04/19/lightweight-rowing-weight-management-diet-victoria-burke>.

- Tillmann, L. M. (2015). *In solidarity: Friendship, family and activism beyond gay and straight*. New York, NY: Routledge. Kindle edition.
- Tillmann, L. M. (2009). Body and bulimia revisited: Reflections on “A Secret Life.” *Journal of Applied Communication Research*, 37(1), 98-112.
- Turner, L. (2013). The evocative autoethnographic I: The relational ethics of writing about oneself. In *Contemporary British autoethnography: Studies in professional life and work* (pp. 213–229). Rotterdam, NL: SensePublishers.
- Turocy, P., DePalma, B., Horswill, C., Laquale, K., Martin, T., Perry, A. . . . Utter, A. (2011). National athletic trainers' association position statement: Safe weight loss and maintenance practices in sport and exercise. *Journal of Athletic Training*, 46(3), 322-343.
- Upton, R. L. & Han, S. S. (2003). Maternity and its discontents: “Getting the body back” after pregnancy. *Journal of Contemporary Ethnography*, 32(5), 670-692.
- Warren, S., & Brewis, J. (2004). Matter over mind? Examining the experience of pregnancy. *Sociology*, 38(2), 219-236.