

# Interview with Sinah T. Kloß and Antonia Villinger on ‘Pregnant Bodies – Embodied Pregnancy’

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DOI: 10.1177/1357034X251331006

[journals.sagepub.com/home/bod](https://journals.sagepub.com/home/bod)**Tomoko Tamari**

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## Abstract

Tomoko Tamari conducted this interview with the editors of the *Body & Society* special issue ‘Pregnant Bodies – Embodied Pregnancy’ in order to explore their rationale for focusing on pregnant bodies and exploring how their personal experience of being pregnant women during their editing process of the issue influenced their analytical insights into pregnancy and pregnant bodies. Tamari also raises the issues of transgender male’s pregnancy, which is often stigmatised, and analyses the lived experience so as to further discuss multifactorial and complex embodied pregnancy in society. In 2020 she introduced *Body & Society*’s special section on ‘Biocircularities: Lives, Times and Technologies’ (Vol. 29, Issue 2) and the notion of ‘recursion’ to raise the question of how the development of reproductive science and technology has transformed ‘the temporality’ of pregnant bodies to make possible ‘multiple temporalities’. Finally, Kloß and Villinger discuss their thoughts about experiences of ‘after pregnancy’ and ‘becoming a mother’ in order to open up potential future research topics.

## Keywords

biocircularities, embodiment, femininity, medical discourse, pregnancy, temporalities, transgender

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**Tomoko Tamari (TT):** Thank you both for your contribution to the journal and for providing us with the opportunity to consider how we can better understand contemporary pregnancy by critically analysing the dominant pregnancy discourses along with the various bio-medical narratives.

You mentioned that research on pregnancy has primarily focused on areas such as reproductive rights and abortion, the conceptualisation of the foetal bodies, (giving) birth, and more generally, the notion of life. Yet, recently, pregnancy and pregnant bodies have been paid more attention by researchers from different perspectives such as the sociocultural constructions of gender; pregnancy as performative practice; and technological innovations in the obstetrics field.

Could you explain a little more about why pregnancy and pregnant bodies were not considered to be central topics in this field? Could you also mention your initial point of departure in relation to the recent shift of research focus on pregnancy and pregnant bodies? How do you locate your research in the field of pregnancy studies? In addition, could you let us know how you position your research in the field of body studies in general?

**Antonia Villinger (AV):** As a literary scholar specialising in German studies, I focused on the representation of pregnancy in the dramas of Friedrich Hebbel, a German author who lived from 1813 to 1863. I examined the connections between body, gender, power, and society in Hebbel's dramas by focusing on theories from Gender and Queer Studies, as well as concepts related to the body (Villinger, 2021). In my study, I demonstrated that although pregnancy is the central theme of the dramas, it is never explicitly staged. Instead, various pregnancies are represented through proxy stories, left as blank spaces, or addressed on a metaphorical level. For instance, one character disappears from the stage as her pregnancy progresses and only reappears after the birth of her son. This absence may be due to the fact that the physical process of pregnancy cannot be openly represented on a public stage, as the dramas were intended for performance. Consequently, I argued that in the literary context of 19th-century Germany, pregnancy emerges as a subject that is tabooed, stigmatised, and pathologised. Overall, research on pregnancy in the fields of German and English/American studies remains limited, which is surprising given its significance in discussions of family, power,

reputation, and gender. Therefore, there is still much work to be done in this area.

I found myself among the few who focused on this important aspect in the research centre where Sinah and I met. We quickly realised that our research shared a common thread centred around the body, leading us to pursue interdisciplinary collaboration on the topic. Together, we organised a panel on ‘Embodied Life Writing’ at the University of Cologne, followed by a workshop on ‘Pregnant Bodies – Embodied Pregnancy’. Some of the talks presented during the workshop form the basis for this special issue.

**Sinah T. Kloß (STK):** When Antonia suggested we co-organise a panel and workshop on the topic of pregnant bodies and embodied pregnancy, I immediately recognised its relevance to my own research. I had recently begun a project on embodied histories, biopolitics, and body modification in post-indenture Indo-Caribbean communities. Initially, my conversations centred around *godna*, the tattoos and historical tattooing practices of Hindu women particularly. I conducted ethnographic interviews with senior women, primarily exploring their lives and how they narrated their experiences and memories in relation to their tattoos, along with the tattoos’ histories, shifting meanings, and affects (Kloß, 2022, 2024). During these interviews, many of the women reported having given birth to more than seven ‘living’ children, often between 10 and 14. It was only through my reflections on pregnancy in relation to the workshop that I recognised my initial bias in failing to ask more specific questions regarding pregnancy and childbirth. I realised these were not exceptional phases in their lives but significant and rather common processes and experiences. In addition, the women drew my attention to temporary body markings used for protection, which I discuss in my contribution to this special issue. They described the application of specific marks to cool pregnant bodies, a practice intended to balance bodily openness, as women’s bodies are considered to be especially open and involved in transactional exchange with the environment during pregnancy. Since then, I have more actively included pregnancy and other aspects of reproduction in my research. As a social and cultural anthropologist, I approach pregnancy studies and body studies from a multifaceted perspective, engaging with, for example, feminist and New Materialist theories. I am particularly

interested in how various sociocultural and historical contexts influence concepts and understandings of bodily boundaries. I have incorporated questions of sensory anthropology into my work, examining how bodily boundaries are experienced and recreated. For instance, in this issue I suggest that bodily boundaries may be based on energetic states. I have analysed the purification or ‘tuning’ of bodies through mantra-tattooing, theorising the notion of sonic imitation or strategic imitation of auspicious sounds (Kloß, 2025). In addition, I consider hair as an integral component of sensory skin, which helps regulate bodies’ openness.

I believe that my initial omission of this highly relevant topic has been influenced by the marginalisation of the field and topic in the Western European context, in which I was socialised. It has been widely discussed that, in traditional Western philosophies, the concepts of individualism and the notion of persons as unified subjects have predominated. Feminist scholars have challenged these understandings by highlighting bodies as fluid, permeable, and open, conditions often associated with femininity and motherhood. In the dominant paradigms, androcentric approaches to understanding and conceptualising bodies frequently overlooked experiences and dynamics that reveal bodies as open and relational entities. It was within these feminist contexts that pregnancy was finally recognised as having theoretical and conceptual significance. However, as Barbara Duden pointed out in the early 1990s, the sociocultural emergence of foetuses as subjects shifted the focus to the ‘unborn’ and foetal subjecthood (Duden, 1993). This development is closely linked to the medicalisation of pregnancy in Western contexts.

Emily Ross (2024) has recently stated in this journal that the ‘sociocultural solidification of the foetus as a, if not *the*, subject of pregnancy’ has led to the perception of foetuses as equal or often privileged to ‘gestating bodies across regulatory and healthcare settings’ (p. 3). This shows that although pregnancy has gained more attention in contemporary research, the focus on pregnant bodies themselves remains limited. You mentioned a recent ‘shift’ of research regarding pregnancy and pregnant bodies; however, I unfortunately do not see a major change in this area yet. Recognising pregnancy and pregnant bodies as central to our understanding of bodies is still lacking. Much more research is needed to enhance our comprehension of this topic and of bodies in general.

**TT:** You maintain that the pregnant body can be seen as a ‘project in the ongoing process of becoming and unbecoming’ and ‘facilitators and participants in creative and transformative processes’. I am intrigued by your statement in the introduction where you mention that you both identify yourselves as white, cisgender women, and that both of you conceived and carried a pregnancy while preparing this special issue. You also mention you have critically reflected on these identities and your social role of mother in shaping your research and in your editorial work on this special issue.

If, as you suggest, pregnant bodies can be seen as processual events, then I wonder how your ideas have developed over time, given you were both pregnant and were experiencing and analysing your own pregnant bodies. Could you say a little more about your personal experience in relation to the research development?

**AV:** I would like to emphasise one aspect from the perspective of a literary scholar. One significant characteristic of literature is its ability to depict aspects that are often incomprehensible or difficult for us to understand. For example, science fiction literature can present possible utopian or dystopian futures. In addition, literature has the power to articulate emotions and feelings such as love and grief. In my own research on the literary representation of pregnancy, I have observed a trend: While there are numerous pregnancy stories in literature and films, they mostly focus on stereotypical aspects of pregnancy – such as cravings – while neglecting the pregnant body itself and the body transformation it undergoes. The person is simply depicted as pregnant. It is merely part of the plot. However, there are exceptions to this trend, as demonstrated by Claire E. Scott in her article in this special issue about the artist Annegret Soltau, who critically engages with societal expectations of her as a pregnant woman by using her own pregnant body as a medium of expression.

Alongside pregnancy, the process of giving birth is also a compelling subject from the perspectives of literary and cultural studies. As I mentioned, there are very few birth stories in literature or film, and when they do appear, they are typically very brief and lack detailed descriptions. There are several reasons for this void. As I outlined in my dissertation, pregnancy and birth are intensely physical processes that society has often tabooed precisely due to their physicality. An acquaintance who was pregnant in Germany in the 1960s once told

me that, in public, she concealed her body with loose clothing because it was inappropriate to emphasise it. Also, her husband was not present at the births of her three children; instead, while she gave birth, he was at work. Another reason could be that both pregnancy and childbirth are deeply private experiences, which makes it even more challenging to explore them in literature. In general, each birth is a unique and individual experience, and the complexity of the process is challenging to convey in words. A birth report can never fully capture the event in all its intricacies. This is where literature could fill the gap, yet such works are largely missing.

**STK:** For me, the work on this special issue and my pregnancy will always be closely intertwined. I have many memories of reading and commenting on different drafts and receiving feedback on contributions while either pregnant or caring for a (sleeping) baby. Many colleagues today assume that my interest in pregnancy studies and childbirth must be the result of my personal experiences. However, the organisation of the workshop and the drafting of the initial version of my contribution preceded my experiences. These assumptions, however, reveal some common presuppositions: that pregnancy can only be of academic interest to those who experience or have experienced it. Historically, pregnancy has been viewed as an exclusively female condition and treated as an extraordinary state, setting pregnant bodies apart from those who are not pregnant, as Barbara Katz Rothman (2007) has prominently analysed. Such misconceptions contribute to the continuing marginalisation of pregnancy and pregnant bodies as referred to earlier, not only in the humanities but also in biomedical and psychological research.

But, to respond to your question on personal experiences and research development more directly, I am convinced that in any kind of research, personal and professional experiences mutually influence each other. Not only did my personal experiences eventually shape my research – recognising my own bias and the omission of the topic in academic research contributed to my wish to pursue further studies in this field – but, vice versa, my academic work also significantly influenced my personal experiences. Let me try to explain this by describing the following situation: During pregnancy, I spent many hours in gynaecological waiting and examination rooms. While waiting, I usually made use of this time by reading academic research

papers related to my work. Coincidentally, I was writing the introduction on pregnant bodies and embodiment with Antonia. Imagine sitting in a waiting room, re-reading Meredith Nash's (2012) *Making Postmodern Mothers*. You come across the subchapter titled 'Pregnancy Weight Gain', where Nash (2012) critically examines the surveillance of maternal weight gain and discusses 'how women's reproductive bodies in the West have become "public" spaces for biomedical inspection' (p. 32). Now, picture the first part of the medical routine: being asked to step on a scale to measure your weight, check for any weight loss or gain, and having your body mass index (BMI) calculated. During conversations with my physician, I often found myself needing to explain these numbers. Sometimes, I would smile during these discussions and procedures, reminding myself to take notes later. A well-meaning friend once joked about me 'making a participant observation of my own pregnancy', rather than 'fully embracing the experience'. While I will not delve into her likely unintentional critique of (auto-)ethnographic methodology, I have certainly noticed and reflected on the mutual influence between my personal experiences and my research. But again, I do not think this is a surprise, seeing that all research is influenced by subjectivity and our research impacts our personal lives.

**TT:** We know that the special issue strongly focuses on 'the process and experience of being pregnant' and attempts to differentiate it from the issue of (giving) birth. But I wonder that, if we could understand pregnancy as a processual event which requires people to adopt to multifactorial and embodied experiences, could we then see 'giving birth' as part of this processual event? If so, here again I wonder if your own experience of giving birth might bring new angles that could inspire your future research? Could you please elaborate a little?

**STK:** It is important to distinguish between pregnancy and birth, particularly for heuristic purposes, as discussed in the introduction to this issue. Notably, there are significantly more pregnancies than births, and not all pregnancies end in giving (live) birth. Issues such as pregnancy loss and abortion are critical topics in contemporary pregnancy studies and warrant more thorough examination. Therefore, we must reflect on these processes as interconnected but not necessarily sequential. This brings us to the vital question that you raise:



Where does pregnancy end, and where does birth begin? In what ways does this differentiation matter? Culturally, our understanding of pregnancy and birth is influenced by different concepts and ideas, which can vary widely across sociocultural and historical contexts. It is essential to view pregnancy and birth as processes that encompass both social and material dimensions, as highlighted by Sallie Han (2015). Physical delivery or parturition, often referred to as birth in many Western and biomedical contexts, can involve additional social and material practices of separation. For instance, rites of passage may play a crucial role in this transition, including the seclusion of the pregnant person and child and their reintegration into the community. Acknowledging that there cannot be singular or universal definitions and understandings of pregnancy and birth is fundamental, not only from an anthropological perspective. This complexity should always be acknowledged and continuously be reflected on. Indeed, my understanding of pregnancy and birth, which I had intensely reflected on when analysing my research data, was further challenged, and my research findings were validated when I experienced a premature birth. Biomedically, I was no longer considered pregnant, but personally, I did not feel completely 'postpartum' either. This ambivalent feeling sparked the beginning of my new research project.

**TT:** You mention that the issue of pregnant bodies could also relate to discussion of wider multifactorial and embodied experiences which could lead to the exploration of the issues of transgender men's pregnancies (pregnant men), which we could not discuss without thinking about how pregnancy has been strongly tied to the dominant discourse of femininity. In this issue, the article 'Embodied Experiences of Trans Pregnancy', written by Sally Hines, Francis White, Ruth Pearce, Carla Pfeffer and Damien Riggs, analyses how trans/masculine and nonbinary people experience their pregnancy in public and argues that the stigmatisation of 'pregnant men' is constructed by 'transversing' the hegemonic discourse of pregnancy which is strongly connected to the socioculturally constructed female body.

As you also mentioned, recently there has been an increasing number of photographs of celebrities' pregnant bodies in the media. I found that these often aestheticise and romanticise motherhood and



family ties (photographs often taken with their husbands/partners). I think that this can be read as a symbol of women's independence and power to become pregnant, but at the same time it can also reinforce a strong link between pregnancy and femininity, and heterosexual family values. Furthermore, this also points to the ways that images of the pregnant body have been commercialised and consumed by the media and the public.

I am interested in how, recently, these various forms of visualisation of the pregnant body have had an impact on public perception and narratives of pregnancy and the body image of the pregnant person. Could you expand a little on this aspect?

**AV:** In 2020, Karen Hearn published her monograph *Portraying Pregnancy: From Holbein to Social Media*, which provides a compelling overview of the representation of pregnant bodies from the 15th century to the present. The paintings, drawings, and other visual representations she compiled illustrate how perceptions of pregnant bodies have changed, or perhaps remained consistent, over time. Hearn's study emphasises the importance of considering how pregnant bodies are visualised in social media. One notable example I discovered during my research is Anna Victoria, an American fitness influencer who has documented both of her pregnancies on Instagram. From a cultural studies perspective, what is particularly revealing about her posts is her use of aesthetically pleasing (family) photos. In her first pregnancy announcement,<sup>1</sup> she shares a photo of herself and her husband sitting on a bed decorated with balloons, holding ultrasound images. However, she also openly addresses the challenges of pregnancy, including her struggles with infertility and the changes her body underwent during and after pregnancy.<sup>2</sup> By emphasising that not every body seamlessly returns to its pre-pregnancy state, it does not 'just bounce back', she normalises the appearance of post-partum bodies and challenges societal expectations of new mothers to regain their 'pre-pregnant' bodies. It is crucial to note that Anna Victoria is a white, wealthy, athletic woman from the United States with access to medical care. This leads us to ask, from a scientific perspective, what kinds of pregnant bodies are visualised by the media and in public and what effect this has on body images. Furthermore, we need to analyse the sociocultural mechanisms that block, control, and enable access to this representation.

**STK:** Pregnant celebrities who stage their pregnancies in magazines or on social media often contribute to discourse and narratives of what constitutes a ‘good’ pregnancy and who does pregnancy well. These images frequently contribute to portrayals and performances of ‘glamorous pregnancy’, reinforcing the idea that female celebrities must always be beautiful to maintain their celebrity status (Nash, 2012: 47). This perspective aligns with notions of normative femininity, which emphasises slenderness and stigmatises fatness in relation to ideas of discipline. Many pregnant women in Western societies describe it as essential not to be seen as ‘fat’, and many express relief when they are clearly identified as pregnant rather than just looking overweight. Fatness also plays a significant role in transgender pregnancies. For instance, in our special issue, Sally Hines, Francis White, Ruth Pearce, Carla Pfeffer and Damien Riggs mentioned that some trans pregnancies remain invisible because the pregnant person is perceived as a ‘fat man’. It is crucial to recognise that, of course, there is no homogeneous category of ‘the’ pregnant body, even within a specific sociocultural context. Public perception – and medical treatment – of pregnant bodies can vary significantly depending on their racialisation. Black pregnant bodies may face heightened weight stigmatisation, as emphasised by recent intersectional analyses of pregnancy. Particularly in the field of intersectionality and pregnancy, more comprehensive analyses are needed.

**TT:** It is often noted that transgender men’s pregnancy frequently generates a range of new unanticipated public reactions and has unknown consequences for their future family life. But given that these men have chosen to become pregnant, this shows a very strong motivation and determination to become pregnant. Then, I wonder why having their biologically related babies for transgender men has become so crucial for their lives. Of course, we can ask the same question of non-transgender people and cisgender women. It seems to me that the desire for a biologically related baby can also be part of a socioculturally and often politically constructed discourse. (We usually follow the norm of ‘congratulating’ mothers of newborn babies, and this is turning into social convention and ‘institutionalised’ through medical systems, as you mention.) Hence, transgender men could have a strong sense of denaturalising the dominant idea of the link between pregnancy and femininity, yet they also seem to be happy to just sit within conventional family values.

So I wonder what you think about the relationship between their pregnant body images and their motivation for having biological babies, and how we could understand the diversification of family values and the life course?

**STK:** The fact that many transgender men actively choose to carry a pregnancy highlights the personal and social significance associated with biological reproduction, even as their pregnancies challenge traditional gender norms. This creates an interesting paradox: while trans men's pregnancies disrupt the usual association between pregnancy and femininity, they sometimes remain within 'conventional' family structures. Since I do not identify as transgender and my research does not focus on transgender communities, I can only speculate about why having a biologically related baby may be important to some transgender men. I can imagine that it could be seen as an affirmation of bodily autonomy and their right to parenthood on their own terms. Having the ability and freedom to make choices about one's body without societal constraints includes the choice of how to reproduce. Like many cisgender individuals, transgender people may desire a biological connection to their child, which may reinforce ideas of lineage, heritage, and family continuity. In addition, pregnancy and family life often come with social validation, which might provide comfort and social status for some. However, I want to caution against generalising this motivation, which may be true for some. We cannot simply assume that a biological connection inevitably plays a role for all trans men. In this context, it is also essential to acknowledge that while adoption and surrogacy are viable options in reproductive practices, transgender parents often encounter specific legal and social barriers in these areas.

Alongside these motivations, I would like to comment more generally on the importance of social validation during pregnancy, and the fact that pregnancy usually comes with a specific social status conceived to have societal importance. Various sociocultural and institutional practices acknowledge and even celebrate pregnancy and the transition to parenthood. For instance, many expecting parents formally announce their pregnancy to family, friends, coworkers, and social networks, often sharing this news through social media posts. Ultrasound images or photos from gender reveal parties and baby showers are frequently shared on platforms such as Instagram and

Facebook, where likes and congratulatory messages affirm and validate this transition. Colleagues may also offer congratulations, give gifts, or host office gatherings to recognise the milestone. In addition, religious groups often provide blessings or rituals for the unborn. All these forms of validation and recognition underscore and reinforce the social significance of pregnancy – social dynamics that should not be underestimated.

**TT:** Allegedly, the first pregnant man, Thomas Beatie, commented: ‘Being transgender, you shouldn’t have to lose your right of having a family. You’re entitled to be happy and have a family and be respected’ (Murray, 2021).<sup>3</sup> We can see that this statement supports the ideas of ‘denaturalisation’ of a strong social discourse of female pregnancy and motherhood, as the authors claim. Recently, US President Donald Trump has signed an executive order for cutting the federal support for gender-affirming care for those who are under the age of nineteen. This includes puberty blockers, hormone replacement therapy, and surgical procedures. Could you elaborate a little on the possible consequences for transgender communities and how this could impact the public perception/understanding of transgender men’s pregnancy?

**STK:** Transgender communities, along with many LGBTIQ+ individuals and families, face unique barriers to reproductive healthcare. These challenges include discrimination in fertility services, limited access to gender-affirming healthcare, and legal restrictions on parenting rights. Trans and non-binary people often struggle to access reproductive healthcare that meets their needs, such as hormone therapy, pregnancy care, and contraception. In addition, queer families encounter systemic obstacles to adoption, surrogacy, and gaining legal recognition as parents. Many members of the LGBTIQ+ community have advocated for reproductive rights and supported the reproductive justice movement. This movement addresses reproductive rights and the social, political, and economic conditions that influence a person’s ability to have (or not have) children and raise them in safe and supportive environments. Current debates and conservative developments in many North American and European contexts threaten to reverse or undermine progress in reproductive justice, jeopardising the autonomy of all individuals – regardless of

gender identity or sexual orientation – over their bodies and families. As a result, there may be increased barriers to healthcare, heightened stigma, and discrimination, making it more difficult for trans individuals to advocate for their reproductive rights. This environment could encourage healthcare providers, insurers, and lawmakers to impose further restrictions on access to essential medical services. Moreover, the delegitimisation of trans identities is likely to affect public perceptions of trans men's pregnancies. It may reinforce the notion of 'natural' female pregnancy, leading to increased public scrutiny and amplifying legal and social barriers to trans parenthood. Therefore, trans pregnancy raises important questions about how reproductive justice can evolve to fully support and recognise diverse paths to parenthood.

**TT:** The developments of reproductive science and technology have made possible not only potential transgender pregnancy but also have influenced the 'temporality' of pregnant bodies. You remark 'time is essential for life, as the unborn child must gestate in/through the pregnant body for a certain period, or else it is not viable'. You also discuss how pregnant bodies could be understood as entities which influence the meaning of human reproduction in the past, the present, and the future.

In 2020, *Body & Society* published a special section on 'Biocircularities: Lives, Times and Technologies' (Vol. 29, Issue 2). While the current issue takes processual and time-sensitive perspectives to help ground the different temporalities of pregnancy, the approach of the 'Biocircularities' special section was based on the notion of 'recursion' to better understand 'embodiment' and 'temporalities' in the wake of technoscientific, social and environmental transformation.

In this section, Martine Lappe and Robbin Jeffries Hein, in 'The Temporal Politics of Placenta Epigenetics: Bodies, Environments and Time', apply the concept of 'recursive embodiment' to consider how human placenta epigenetics challenge linear notions of reproduction – this means that the placenta can re-used as 'natural material' for 'biovalue' in the commercial market. The placenta is a necessary 'temporary' organ for pregnancy, which is a connecting device between the mother, the unborn, and the environment. Consequently, pregnant bodies can be seen as future resources and play in multiple temporalities.

What do you think about the future of pregnant bodies in the age of epigenetic science and advanced medical technology? How could discursive narratives of pregnant bodies change? How could this impact on the meaning of family life, and how could the life course of women/transgender men (who have reproductive organs) be influenced?

These issues are also closely relevant to the questions you raise, such as '[W]hen does pregnancy start and when does it end? Who defines pregnancy and a pregnant body? What are the criteria on the basis of which pregnancy is defined? What implications does this categorisation have and for whom? What social risks, factors and norms are pregnant bodies exposed to? In what ways is pregnancy (un-)related to birth?'

**STK:** Discursive narratives and representations of pregnant bodies have always been influenced by developments in scientific biomedicine. This influence is particularly evident in discussions about the 'medicalisation' of pregnancy in Western contexts since the late 19th century. As a social and cultural anthropologist, I am particularly interested in how various social actors apply and understand such discourses, adapting or dismissing them in their practices and ways of knowing related to pregnancy. Martine Lappé and Robbin Jeffries Hein provide a compelling analysis of how Western biomedical scientists view the placenta as an 'agential and relational organ that is uniquely responsive, regulatory and capable of communicating across bodies and environments in influential ways during pregnancy' (Lappé and Hein, 2023: 66). They argue that, from the scientists' perspectives, bodies, environments, and time influence each other at both the material and social levels. In earlier contributions to *Body & Society*, for example, Aryn Martin (2010) and Rebecca Scott Yoshizawa (2016) explored how scientific immunological discourse conceptualises the mother and foetus as distinct beings, treating them as individual entities connected through the placenta. These studies reveal that the roles and status of the placenta in maternal–foetal relationships provide valuable insights into body concepts and notions such as bodily intra-action. It is crucial to contextualise these discourses as part of a broader biomedical, scientific framework, which is further reproduced by social actors embedded in diverse contexts and with different understandings that contribute to 'knowing' about bodies. These understandings may extend beyond mere scientific interpretations of

pregnancy, birth, and the placenta. Scientists, as social actors, may rely on different – and sometimes seemingly contradictory – knowledge systems and ways of knowing. It would be fascinating to conduct more studies focusing on the temporality of pregnancy, examining linear and cyclical notions of reproduction and practices of ‘recursive embodiment’ within various social and historical contexts, and from the perspectives of different social actors.

**AV:** In discussing advanced medical technology, it is important to also consider other developments such as in vitro fertilisation (IVF) and surrogacy. These processes raise distinct questions about when pregnancy begins, particularly since fertilisation takes place outside the body. We need further research in this area, and an interdisciplinary perspective will significantly contribute to this research.

**TT:** Finally, you point to ‘the body as a site of lived relations’ (Grosz, 1994). Also, we need to consider that ‘[R]elevant relationships relating to pregnancy go beyond the binary of mother/foetus’. It would be interesting to know how you consider this new ‘processual’ phase and its potential to help you to contextualise ‘after’ pregnancy. Could you please let us know about your actual experiences and what kind of novel aspects could be the focus for developing your future research on pregnancy, birth, and the body?

**STK:** My future research on pregnancy, birth, and the body will develop in two primary directions. First, I have recently initiated a new research project focusing on prematurity, neonatal incubators, and reproductive justice. As mentioned earlier, this was sparked by my personal experiences in the neonatal intensive care unit. Through an anthropological analysis that integrates approaches and theories from medical and sensory anthropology, New Materialism, feminist theory, oral history, and archival research, I will explore incubators as agents and sites of power where issues of access, medical authority, and parental rights are contested. I will examine how the neoliberalisation of healthcare affects the production, availability, and interaction with incubators, with specific attention to marginalised communities and the reproduction of global inequalities in neonatal care. In addition, I will investigate how different social actors employ diverse ways of knowing to recreate and challenge scientific knowledge and the medicalisation of prematurity. Second, I will analyse the role of pregnancy



in ethnographic fieldwork. As ethnographic fieldwork is an embodied practice influenced by intersectional identities, bodies, and the (embodied) experiences of the people involved, pregnancies and births can significantly impact the course of fieldwork, the methodology applied, and the ethnographic knowledge produced. While it is widely acknowledged that the identities and social roles of ‘mother’ or ‘father’, along with the presence of children during fieldwork, (positively) affect social interactions in ethnographic research processes, there is a lack of specific analyses addressing the benefits and challenges of pregnancy and accompanied fieldwork with babies and toddlers. One objective of this research is to help dismantle the trope of fieldwork as a solitary endeavour, which is often viewed as essential for successful participant observation, intimate social relations in ‘the field’, and collecting ‘good’ data.

**AV:** While I have completed the project on the representation of pregnancy in the 19th century, I remain interested in the topic and have ideas for future research. I believe a larger study on the media and literary representation of pregnancy in different cultural contexts would be insightful. It would be valuable to examine different approaches to pregnancy, birth, and the body, as well as to explore various text genres such as diaries and novels. Recently, Sabrina Huber and I published an article about the novel *1000 Serpentine Angst* (also available in a translated version titled *1000 Coils of Fear*) by Olivia Wenzel (Huber and Villinger, 2023). In the article, we analysed the representation of pregnancy and motherhood from an intersectional perspective. I would like to continue exploring this perspective, specifically focusing on the representation of pregnant bodies in contemporary German novels from both literary and cultural studies perspectives.

Overall, in the field of pregnancy studies, it will be essential to conduct intersectional analyses that shed light on the diverse and complex experiences of pregnant people. Public perceptions of pregnant bodies are significantly influenced by a range of factors, including race, class, gender, age, caste, religion, and ableness. Recognising these nuances compels us to expand our analytical framework to include these dimensions. In addition, it is important to compare these intersectional factors with the quality and nature of medical care received and experienced by pregnant individuals. By exploring the interconnected elements, we can expose and reflect on the mechanisms of social

oppression and inequality. Transdisciplinary approaches in the humanities and medical sciences are needed that deepen our understanding on systemic barriers faced by marginalised groups and advocate for more inclusive discourses on pregnant bodies and embodiments of pregnancy.

## Notes

1. <https://www.womenshealthmag.com/uk/health/female-health/a30267053/anna-victoria/>.
2. <https://www.today.com/parents/anna-victoria-has-baby-girl-after-infertility-struggle-t189268>; <https://www.cosmopolitan.com/uk/body/a33478683/anna-victoria-pregnancy-body-change/>; <https://www.instagram.com/annavictoria/reel/CoU2gFEoUFT/>.
3. See Murray (2021).

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**This article is part of the *Body & Society* special issue on ‘Pregnant Bodies – Embodied Pregnancy’, edited by Sinah Kloß and Antonia Villinger.**