



# The attitude of women in the perinatal period to food and their own body depending on the satisfaction with the relationship

Stosunek do jedzenia i własnego ciała kobiet w okresie okołoporodowym w zależności od satysfakcji ze związku partnerskiego<sup>1</sup>

<https://doi.org/10.34766/fetr.v3i51.1091>

Beata Ziółkowska<sup>a</sup>

<sup>a</sup> Associate Professor Beata Ziółkowska, PhD hab., <https://orcid.org/0000-0002-9864-4634>,  
Institute of Psychology, University of Casimir the Great in Bydgoszcz

**Abstract:** The period of pregnancy and puerperium is a unique experience in a woman's life. Although her attention and care are primarily focused on the child, his health and proper development, her self-image still plays an important role for her. One of the determinants of accepting your own body is its weight, which during pregnancy and puerperium – for obvious reasons – is much higher than before. Also other changes that accompany a woman during this period (e.g. discoloration, stretch marks, swelling) affect the assessment of her image. Acceptance of your own physis is largely conditioned by the relationship with your partner, including the sense of support and understanding that the woman experiences from him. The aim of the own research, designed in the model of correlation with the control group, was to verify the relationship between the body image and nutritional behavior of pregnant and postpartum women, depending on their satisfaction with the partner relationship. The variables were measured with the *Kwestionariusz zachowań związanych z jedzeniem* by N. Ogińska-Bulik and L. Putyński, the *Kwestionariusz wizerunku ciała* by A. Głębocka and the *Inwentarz jakości związku* in the Polish adaptation of H. Liberska, D. Suwalska-Barancewicz and P. Izdebski. It has been shown that there is a statistically significant correlation between the body image and nutritional behaviors both in women from the proper group – during pregnancy and puerperium, and in the control group – in women who are not pregnant and in the puerperium period. It has been empirically confirmed that the better the body image, the better the relationship with food and the less abnormal eating behavior. In addition, women who are satisfied with their relationship have a more positive self-image and more constructive eating behavior. The conducted research shows that for women in the perinatal period, as well as those who are not currently pregnant and in the postpartum period, the acceptance of the body image is a factor that protects against unconstructive eating behavior, and the feeling of satisfaction in the relationship is conducive to both a positive assessment of one's own physicality and in the postpartum period and proper relationship with food.

**Keywords:** body image, eating behavior, partner relationship, pregnancy, puerperium

**Streszczenie:** Okres ciąży i porodu jest wyjątkowym doświadczeniem w życiu kobiety. Choć jej uwaga i troska skoncentrowane są przede wszystkim na dziecku, jego zdrowiu i prawidłowym rozwoju, to jej własny wizerunek pełni dla niej nadal istotną rolę. Jednym z wyznaczników akceptacji własnego ciała jest jego masa, która w okresie ciąży i porodu – ze względów oczywistych – jest znacznie wyższa niż dotychczas. Także inne zmiany towarzyszące kobiecie w tym okresie (np. przebarwienia, rozstępy, obrzęki) wpływają na wartościowanie swego wizerunku. Akceptacja własnej *physis* w dużej mierze warunkowana jest relacją z partnerem, w tym poczuciem wsparcia i wyrozumiałości, jakiego doświadcza od niego kobieta. Celem badań własnych zaprojektowanych w modelu korelacyjnym z grupą kontrolną było zweryfikowanie związku między obrazem ciała a zachowaniami jedzeniowymi u kobiet w okresie ciąży i w porodu w zależności od ich zadowolenia ze związku partnerskiego. Do pomiaru zmiennych zastosowano *Kwestionariusz Zachowań Związanych z Jedzeniem* autorstwa N. Ogińskiej-Bulik i L. Putyńskiego, *Kwestionariusz Wizerunku Ciała* A. Głębockiej oraz *Inwentarz Jakości Związku* w polskiej adaptacji H. Liberskiej, D. Suwalskiej-Barancewicz i P. Izdebskiego. Wykazano, że istnieje istotny statystycznie związek między obrazem ciała a zachowaniami jedzeniowymi zarówno u kobiet z grupy właściwej – w ciąży i porodu, jak i z grupy kontrolnej – u kobiet niebędących w ciąży i porodu. Potwierdzono empirycznie, że im bardziej korzystny obraz ciała kobiety tym mniej nieprawidłowych zachowań jedzeniowych ujawnia. Ponadto, kobiety zadowolone ze związku partnerskiego mają bardziej pozytywny obraz ciała oraz przejawiają bardziej konstruktywne zachowania jedzeniowe. Z przeprowadzonych badań wynika, że zarówno dla kobiet w okresie okołoporodowym, jak i dla tych, które aktualnie nie są w ciąży i w porodu, akceptacja obrazu własnego ciała jest czynnikiem ochraniającym przed podejmowaniem niekonstruktywnych zachowań jedzeniowych, natomiast poczucie satysfakcji ze związku partnerskiego sprzyja zarówno pozytywnej ewaluacji własnej fizyczności jak i prawidłowej relacji z jedzeniem.

**Słowa kluczowe:** ciąża, obraz ciała, poród, zachowania jedzeniowe, związek partnerski

<sup>1</sup> Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2022-3-Ziolko.pdf>

## Introduction

The external appearance, especially for a woman nowadays, plays an important role. It is so even if she experiences pregnancy and puerperium. On the one hand, concern for a new life often changes a woman's perspective in perceiving her own image. During this period, it is more important for her – than control and discipline of the body – to maintain her and her child's health and its proper development. On the other hand – aesthetic issues are becoming more and more important for her, the more so that “pregnant women are expected not only to control their bodies for the health and life of the child, but also to control their weight and appearance, and to return to their former condition after pregnancy as soon as possible, so that they would be slim and attractive again (...). Therefore, the body should change its form to the extent necessary to deliver and give birth to a healthy child, and after delivery it should return to its former shape as soon as possible (Jakubowska, 2016, p. 90). This kind of pressure and content appearing in the social, most often virtual, space often becomes a source of frustration for women whose reality looks completely different (cf. Gajtkowska, 2016).

These observations gave rise to the preparation and implementation of a research project on the relationship between the body image and eating behavior of pregnant and postpartum women in the context of subjectively valued satisfaction with the relationship with the partner.

At the beginning of the last century, W. James (1910, after: Kolańska, 2016) characterized two forms of self-experience: the cognizing self and the cognized self. The former is associated with the organization and interpretation of an individual's experience, while the latter applies to, i.a. sensations related to the body and its physical properties. In the 1920s, P. Schilder (1950, after: Kolańska, 2016), the creator of the construct of “body image”, emphasized that it contains both a cognitive component – images, fantasies, expectations about the body, and an emotional component that exemplifies feelings towards it. At the same time, according to A. Głębocka (2009) “the image of one's own body” – a term used by the author synonymously for “body image” – regulates human

functioning, influencing his or her self-presentation and relations with other people. The mentioned components – cognitive, affective and behavioral – according to T. Cash and T. Pruzinsky (1990) create the attitude of the individual towards their own body.

The process of shaping the image of one's own body is polyetiological and long-lasting, and an important role in its formation is played by early childhood experiences, personality traits, as well as peers and partners (Britek-Matera, 2008; Ziółkowska, Ziółkowska, 2020). Mass culture, in turn, is both a source of aesthetic patterns and a carrier of information on how to control your body so that it is perceived by others as attractive. Cultural messages internalized by an individual ultimately influence the perception of oneself and the world (Izydorczyk, 2009).

Many pregnant women may experience conflicting feelings about their body transformations (Meireles et al., 2015). As it turns out (Okój, 2018), pregnant women are often concerned about whether they will remain attractive to their partners after childbirth, and adverse changes in their own physique related to pregnancy (e.g. significant weight gain, stretch marks, discoloration, cellulite) can be also difficult for them to accept. At the same time, it has been proven that dissatisfaction with body image is related to, i.a. obesity and inappropriate eating behavior (Fuller-Tyszkiewicz et al., 2012; Harasim-Piszczałkowska, Krajewska-Kułak, 2017; Marzęcka, 2015; Silveira et al., 2015), which may have a negative impact on the unborn child and worsen the quality of a woman's life.

Food is primarily used to provide energy necessary to sustain life and the proper functioning of internal organs (Jaworski, Fabisiak, 2017; Ogińska-Bulik, 2016). “The term >>proper nutrition during pregnancy<< should be understood as: satisfying the energy demand (that changes in particular trimesters), the structure of consumption (the right amount and proportions of nutrients) and the change of incorrect eating habits” (Kobiołka, Goraus et al., 2015, p. 188). However, people also reach for food because of loneliness, boredom, stressful tension or threat to self-esteem

(Ziółkowska, Weber, 2022 – in preparation). Offering vs. consuming food can also be a form of expressing feelings, shaping and maintaining relationships or regulating affect (Niewiadomska, Kulik, & Hajduk, 2005; Ziółkowska, 2009). Researchers prove (Bohom, Stice, Spoor, 2009; Evers, De Ridder, & Adriaanse, 2009) that an individual experiencing intense, especially negative emotions, shows a greater tendency to eat large amounts, most often high-calorie food.

Food restrictions can also play important psychosocial functions, resulting from, i. a. the desire to attract attention to oneself, the need to be cared for by other people, the protest against the prevailing rules or the desire to gain control (over the environment and the body) (Niewiadomska, Kulik, Hajduk, 2005). One of the important functions of (not)eating, especially in the female population, is to increase own attractiveness. Having a socially acceptable figure (one of the determinants of which is the “proper” body weight; Brytek-Matera, Czepczor et al., 2021), similar to that promoted by the media, significantly influences human self-acceptance (Przybyła-Basista et al., 2020). Any discrepancies between the aesthetic patterns and one’s own physis may lead to anxiety and depression, and consequently disrupt the relationship of the individual with food (Izydorzyczyk, Rybicka-Klimczyk, 2009; Zarychta et al., 2020).

Meanwhile, pregnancy is a state in which, for obvious reasons, the woman’s body undergoes intensive changes in a short time (uterine hyperplasia, breast enlargement, an increase in the amount of amniotic fluid and body fluids, stretch marks, cellulite, etc.), and its weight increases significantly (Połocka-Mołoska et al., 2017; Silveira et al., 2015; Skorupińska, Sekuła, 2017). Therefore, it happens that women, without consulting a specialist, undertake restrictive diets or intense physical activity, which may endanger both the health of the mother and her child (Harasim-Piszczatkowska, Krajewska-Kulak, 2017; Pieczkolan, Fils et al., 2017; Pudło, Respondek, 2016).

According to researchers and theorists, one of the most effective ways in which people deal with stressful life events is social support (Gebuza, 2018). Also during pregnancy, relationships with relatives, including a partner, are extremely important for the

proper functioning of a woman. It turns out that the subjectively assessed quality of an intimate relationship has an impact on the self-esteem of young mothers, and women in a satisfactory partner relationship cope much better with body changes during pregnancy and puerperium than those deprived of closeness, acceptance and understanding (Sapkota, Kobayashi et al., 2013; Suwalska-Barancewicz, 2018; Wróbel, 2019).

Moreover, it turns out that the subjectively assessed quality of an intimate relationship has an impact on the self-esteem of young mothers – women in a satisfactory partner relationship cope much better with body changes during pregnancy and puerperium than those deprived of closeness, acceptance and understanding (Suwalska-Barancewicz, 2018; Wróbel, 2019). The lack of support from the partner, apart from the lack of acceptance of pregnancy by the woman or the environment, or the difficult financial situation, are factors that cause mood changes and sometimes even depression (Fraś, Gniadek et al., 2012; Iłska, 2018; Iłska, 2020).

## 1. Aim and method

The aim of the own research, planned in the correlation model with the control group, was to verify the relationship between the body image and eating behavior in pregnant and postpartum women, depending on the subjective satisfaction with the partner relationship. The main explained variable was “eating behavior”, and the main explanatory variable – “body image”. The “partner relationship satisfaction” was included in the secondary variables.

The authors’ own research was based on three questions:

1. Is there a relationship between body image and eating behavior in pregnant and puerperal women?
2. Is satisfaction with the partner relationship related to eating behavior in pregnant and puerperal women?
3. Is satisfaction with the partner relationship related to the body image of pregnant and puerperal women?

Valid self-report research tools with high reliability served the purpose of operationalization of the variables. To assess the “eating behavior” variable, the authors applied the Food Related Behavior Questionnaire (KZZJ) by N. Ogińska-Bulik and L. Putyński (2004), which consists of 30 items. The tool has a factorial structure, and consists of three subscales (each with 10 items): “emotional eating” (tendency to overeat under the influence of affect), “habitual eating” (tendency to reach for food without control) and “eating restrictions” (tendency to avoid / limit food intake). The respondents refer to individual statements by selecting “yes” or “no”. Each diagnostic answer scores 1 point. The higher the score, the more abnormal the eating behavior is. The comparison of the sums of the subscale results additionally shows what kind of abnormalities in the relationship with food are involved. The internal compliance of the questionnaire, measured with the Cronbach’s alpha coefficient, amounts to 0.89, therefore it is satisfactory.

The Body Image Questionnaire (KWCO) by A. Głębocka (2009) was used to assess one’s own body. It was designed for people who reveal a deterioration in psychosocial functioning while struggling with problems with the weight and shape of the body. The tool consists of 40 statements included in four subscales: “cognition-emotions” (opinion on one’s own appearance), “behavior” (manifestations of a healthy lifestyle), “environmental criticism” (subjective assessment of the acceptance of the subject by the environment) and “pretty-ugly stereotype” (internalizing contemporary canons of beauty and negative stereotypes about obese people). The respondents answer questions on a five-point scale, where 5 means “definitely yes”, 4 – “rather yes”, 3 – “hard to say”, 2 – “rather not”, 1 – “definitely not”. The higher the test result is, the more negative his body image is. The Cronbach’s alpha reliability index for this tool is 0.87, so it is satisfactory.

In turn, the Relationship Quality Inventory is the Polish version of The Quality of Relationship Inventory questionnaire, adapted by H. Liberska, P. Izdebski and D. Suwalska-Barancewicz (2015).

The tool allows to assess the quality of partners’ relations in a relationship. The Polish version of the tool consists of 23 questions. The questionnaire contains three subscales: “perceived support”, “depth of relationship” and “conflict”. The respondents mark the answers on a four-point scale, where 1 means that the phenomenon does not occur, and 4 that it occurs at a high intensity. The reliability of the tool, expressed with the Cronbach’s alpha index, is satisfactory, amounting to 0.88.

Moreover, demographics record helped to collect data that allowed for the exact description of the studied sample (e.g. age, partnership relationship).

Due to the Covid-19 pandemic, the study was conducted online from March to June 2021. The link to the research along with the instructions and a declaration of informed consent to participate in the study were sent to participants who responded positively to the invitation posted on the Facebook platform and self-help groups for young mothers. At the same time, the respondents were informed about the full protection of their personal data and about the possibility of withdrawing from the study at any time without giving a reason.

The criteria for inclusion in the proper group were: gender (female) and pregnancy (3rd trimester) or puerperium. The control group included women who were currently not pregnant or in puerperium, and if they were already mothers, there had to be at least two-year period since the last childbirth.

Ultimately, the study involved 60 women who met the inclusion criteria for either of the groups – proper or control. Their age ranged from 20 to 40 years, and the mean was 29.45 (with a standard deviation of 4.65). 30 women (50%) were in the third trimester of pregnancy or in the puerperium period, and 30 women (50%) were not currently pregnant or in puerperium, and their last childbirth was not earlier than two years before. All of the respondents were in a partnership.

The hypotheses were verified through statistical analyses performed using the IBM SPSS Statistics 25 package. The classic threshold  $\alpha = 0.05$  was considered the significance level.

## 2. Results

The first step in the analysis of the collected research material was the calculation of descriptive statistics and checking the normality of the distribution of variables (Table 1).

Only the distribution of results in the two subscales of the variable “body image” – “behavior” and “pretty-ugly stereotype” – turned out to be close to normal. In other cases, it deviates from the Gauss curve, which is indicated by a statistically significant result of the Kolmogorov-Smirnov test. However, the values of the skewness of the distributions of these variables fall within the range of +/- 2, which allows the use of parametric tests in further analysis of the collected material (George and Mallery, 2019).

In order to answer the first question – is there a relationship between body image and eating behavior of the surveyed women – a series of correlation analyses with the Pearson r coefficient was performed for the entire sample (Table 2) and for the compared subgroups (Table 3 and 4).

In the entire sample, almost all tested correlations turned out to be statistically significant. The level of “habitual eating” correlates positively, with moderate strength, with the “cognition-emotions”, “environmental criticism” and “pretty-ugly stereotype” scales. “Emotional eating” has a positive relationship (strong or moderate) with all four subscales of the variable “body image”. On the other hand, the “eating restrictions” scale positively correlates with the “cognition-emotions”, “behavior” and “pretty-ugly stereotype” scales. The strength of the former is high, while the others are moderate.

Table 1. Basic descriptive statistics of the studied quantitative variables – body image, eating behavior and satisfaction with the relationship

Variable	Subscales	M	Me	SD	Sk.	Kurt.	Min.	Maks.	W	P
Body image	Cognition-emotions	42,07	39	16,01	0,35	-1,17	19	76	0,93	0,002
	Behavior	15,35	16	4,98	-0,15	-0,75	5	25	0,97	0,238
	Criticism of the environment	11,24	10	5,63	1,62	2,12	6	28	0,80	<0,001
	Pretty-ugly stereotype	44,24	44	9,55	-0,25	-0,59	22	65	0,98	0,410
Satisfaction with the relationship	Perceived support	3,50	3,58	0,48	-1,19	1	2,14	4	0,87	<0,001
	Interpersonal conflicts	1,78	1,60	0,55	1,12	1,08	1,10	3,60	0,90	<0,001
	Relationship depth	3,45	3,50	0,40	-1,36	2,64	2	4	0,89	<0,001
Eating behavior	Habit eating	3,76	3	2,68	0,73	-0,08	0	10	0,92	0,001
	Emotional eating	4,20	4	2,24	0,30	-0,72	0	9	0,95	0,028
	Food restrictions	3,27	3	2,19	0,16	-0,99	0	8	0,94	0,008

Table 2. Body image and eating behavior (N = 60)

		Habit eating	Emotional eating	Food restrictions
Cognition-emotions	r Pearson significance	0,478 <0,001***	0,710 <0,001***	0,585 <0,001***
Behavior	r Pearson significance	0,134 0,330	0,326 0,015*	0,349 0,009**
Criticism the environment	r Pearson significance	0,301 0,026*	0,439 <0,001***	0,233 0,086
Pretty-ugly stereotype	r Pearson significance	0,353 0,008**	0,487 <0,001***	0,372 0,005**

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

Table 3. Body image and eating behavior in pregnant and puerperal women (N = 30)

	Habit eating	Emotional eating	Food restrictions
r Pearson	0,385	0,767	0,587
Cognition -emotions			
significance	0,057	<0,001***	0,002**
r Pearson	-0,234	0,075	0,162
Behavior			
significance	0,261	0,721	0,440
r Pearson	0,030	0,310	0,071
Criticism the environment			
significance	0,886	0,132	0,735
r Pearson	0,569	0,574	0,345
Pretty-ugly stereotype			
significance	0,003**	0,003**	0,092

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

As mentioned, an analogous analysis was performed for the proper group – pregnant and puerperal women, and for the control group – women who are not currently pregnant or in puerperium.

Four statistically significant relationships were found in the proper group. The “cognition-emotions” scale positively correlates with “emotional eating” and “eating restrictions”, and the “pretty-ugly stereotype” with “habitual eating” and “emotional eating”. The strength of the first of the observed relationships was very high, while the strength of the other three was high. On the other hand, in the control group, almost all relationships turned out to be statistically significant. These correlations are positive, strong or moderate.

The next step was to check whether there were correlations between satisfaction with the relationship and eating behavior. As in the previous case, the analyses were carried out first for the entire study sample (Table 5), and then for the compared groups (Table 6 and 7).

One of the dimensions of the variable “partner relationship satisfaction”, namely “perceived support”, correlated negatively with two subscales of the variable “eating behavior”, i.e. with “habitual eating” and “emotional eating”. This means that the higher the assessment of support in a partner relationship, the

Table 4. Body image and eating behavior in women who are not pregnant and in puerperium (N = 30)

	Habit eating	Emotional eating	Food restrictions
r Pearson	0,607	0,664	0,597
Cognition -emotions			
significance	<0,001***	<0,001***	<0,001***
r Pearson	0,516	0,586	0,545
Behavior			
significance	0,003**	<0,001***	0,002**
r Pearson	0,497	0,532	0,346
Criticism the environment			
significance	0,005**	0,002**	0,061
r Pearson	0,262	0,461	0,451
Pretty-ugly stereotype			
significance	0,161	0,010**	0,012*

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

Table 5. Satisfaction with the relationship and eating behavior of the surveyed women (N = 60)

	Habit eating	Emotional eating	Food restrictions
r Pearson	-0,267	-0,412	-0,252
Perceived support			
significance	0,049*	0,002**	0,064
r Pearson	0,300	0,388	0,138
Interpersonal conflicts			
significance	0,026*	0,003**	0,316
r Pearson	-0,050	-0,154	-0,120
Relationship depth			
significance	0,714	0,262	0,384

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

lower the level of behavior related to eating habitually or under the influence of emotions revealed by the respondents. The strength of the former was low, while the latter was moderately strong. On the other hand, the level of “interpersonal conflicts” (subscale of the variable “partner relationship satisfaction”) correlated positively, moderately with “habitual eating” and “emotional eating” (i.e. with the subscales of the

Table 6. Relationship satisfaction and eating behavior in pregnant and puerperal women (N=30)

	Habit eating	Emotional eating	Food restrictions
r Pearson	-0,264	-0,345	-0,344
Perceived support			
significance	0,202	0,091	0,092
r Pearson	0,405	0,529	0,183
Interpersonal conflicts			
significance	0,045*	0,007**	0,383
r Pearson	-0,184	-0,123	-0,169
Relationship depth			
significance	0,379	0,559	0,420

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

variable “eating behavior”) – the higher the level of interpersonal conflicts in the relationship, the more frequently women reached for food.

Two statistically significant relationships were found in the proper group – in pregnant and puerperal women. The level of “interpersonal conflicts” correlated positively, strongly with “habitual eating” and moderately with “emotional eating”. In other words: the greater the level of conflict in a partner relationship, the greater a woman’s tendency to eat food habitually or under the influence of negative affect.

In the control group – in women who were not pregnant or in puerperium—one statistically significant relationship was found. The level of “perceived support” correlated negatively, with moderate strength, with “emotional eating”. This means that the lower the level of support felt by a woman from her partner, the greater was her tendency to reach for food under the influence of emotions.

In the next step, it was checked whether there were relationships between the body image and the level of satisfaction with the partner relationship in the surveyed women. For this purpose, a series of correlation analyses with Pearson’s r coefficient was performed both for the entire sample (Table 8) and separately for the compared subgroups—proper and control (Tables 9 and 10).

There were five statistically significant correlations in the entire sample. The body image subscale – “cognition-emotions” negatively correlated with

Table 7. Relationship satisfaction and eating behavior in women who are not pregnant and in puerperium (N=30)

	Habit eating	Emotional eating	Food restrictions
r Pearson	-0,240	-0,465	-0,148
Perceived support			
significance	0,201	0,010**	0,436
r Pearson	0,311	0,294	0,152
Interpersonal conflicts			
significance	0,095	0,115	0,422
r Pearson	0,051	-0,166	-0,083
Relationship depth			
significance	0,791	0,379	0,661

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

Table 8. Body image and satisfaction with the relationship of the surveyed women (N = 60)

	Perceived support	Inter-personal conflicts	Relationship depth
r Pearson	-0,340	0,427	-0,262
Cognition-emotions			
significance	0,011*	0,001**	0,053
r Pearson	-0,210	0,154	-0,195
Behavior			
significance	0,125	0,261	0,153
r Pearson	-0,572	0,478	-0,315
Criticism the environment			
significance	<0,001***	<0,001***	0,019*
r Pearson	-0,088	0,180	-0,126
Pretty-ugly stereotype			
significance	0,521	0,188	0,359

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

“perceived support” and positively with “interpersonal conflicts” (subscales measuring satisfaction with a partner relationship), while “environmental criticism” was negatively associated with “perceived support” and “depth of relationship” and positively with the level of “interpersonal conflicts”. The correlation between “perceived support” and “environmental criticism” was strong, the other four were moderately strong.

Table 9. Body image and relationship satisfaction in pregnant and puerperal women (N=30)

	Perceived support	Inter-personal conflicts	Relationship depth
r Pearson	-0,248	0,487	-0,225
Cognition-emotions			
significance	0,232	0,014*	0,280
r Pearson	-0,141	0,216	-0,045
Behavior			
significance	0,501	0,300	0,831
r Pearson	-0,443	0,612	-0,122
Criticism the environment			
significance	0,027*	0,001**	0,561
r Pearson	-0,124	0,261	-0,069
Pretty-ugly stereotype			
significance	0,556	0,207	0,744

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

Three statistically significant relationships were found in the subgroup of pregnant and postpartum women. The “cognition-emotions” scale of the body image positively correlated with “interpersonal conflicts” (the higher the score on the scale of “interpersonal conflicts”, the higher the score on the “cognition-emotions” scale). On the other hand, the level of “environmental criticism” negatively correlated with “perceived support” and positively with “interpersonal conflicts” (the lower the perceived support, the higher the level of perceived criticism and the greater interpersonal conflicts). These relationships turned out to be strong or moderate.

In the control group – in women who were not pregnant or in puerperium – five statistically significant relationships were found. The “cognition-emotions” scale negatively correlated with “perceived support” and positively with “interpersonal conflicts”, while “environmental criticism” was negatively related to “perceived support” and “relationship depth”, and positively with “interpersonal conflicts”. The relationship between “perceived support” and “environmental criticism” was strong, while the others were moderately strong.

Table 10. Body image and relationship satisfaction in non-pregnant and postpartum women (N=30)

	Perceived support	Inter-personal conflicts	Relationship depth
r Pearson	-0,453	0,365	-0,314
Cognition-emotions			
significance	0,012*	0,048*	0,091
r Pearson	-0,275	0,117	-0,308
Behavior			
significance	0,142	0,539	0,098
r Pearson	-0,677	0,434	-0,412
Criticism the environment			
significance	<0,001***	0,016*	0,024*
r Pearson	-0,097	0,016	-0,189
Pretty-ugly stereotype			
significance	0,610	0,935	0,317

Note: p <0,05\*, < 0,01\*\*, < 0,001 \*\*\*

### 3. Conclusions

The analysis of the results of own research allows for a positive answer to all research questions. It should be emphasized, however, that the applied tools had a factorial structure, and although many correlations between the individual dimensions of the variables were confirmed, some of them turned out to be statistically insignificant. Importantly, the correlations between the main variables are statistically significant not only in the proper group, but also in the full sample and in the control group.

In conclusion:

1. The relationship between body image and eating behavior was confirmed. The more favorable the body image, the lower the severity of abnormal eating behavior. In the group of pregnant and puerperal women, “cognition-emotions” – the subscale of the “body image” variable – correlated positively with two subscales of the “eating behavior” variable, i.e. with “emotional eating” and “eating restrictions”. Additionally, the “pretty-ugly stereotype” subscale positively correlated with habitual and emotional eating. In the control group, the “behavior” and



“cognition-emotions” subscales of the body image positively correlated with all three subscales included in the *Food Behavior Questionnaire*. There was also a positive correlation between the “pretty-ugly stereotype” subscale with “emotional eating” and “eating restrictions”.

2. The correlation between partner relationship satisfaction and body image was confirmed. Own research has shown that women who are satisfied with a partner relationship assess their bodies more positively. In the group of pregnant and puerperal women, the “cognition-emotions” scale correlated positively with “interpersonal conflicts”, while “environmental criticism” correlated negatively with “perceived support” and positively with “interpersonal conflicts”. In women from the control group, the “cognition-emotions” scale negatively correlated with “perceived support” and positively with “interpersonal conflicts”. The scale of “environmental criticism” was negatively related to “perceived support” and “depth of relationship”, and positively related to the level of “interpersonal conflicts”.
3. The relationship between satisfaction with the partner relationship and eating behavior was confirmed. The greater the woman’s subjective satisfaction with the relationship with her partner, the lower the severity of inappropriate eating behavior. In the proper group, “interpersonal conflicts” positively correlated with “emotional eating” and “habitual eating”, and in the control group – “perceived support” negatively correlated with “emotional eating”.

#### 4. Discussion

The period of pregnancy and puerperium is usually a beautiful, but also a difficult time for a woman. Its psychophysical condition is influenced by many factors, both biological and psychosocial, cultural and economic. Mom’s body undergoes intensive changes, and its mass – especially in the last trimester – increases. Meanwhile, the pressure of beauty can increase women’s anxiety about their own image and arouse unpleasant affective states related to it.

One of the strategies for dealing with tension is (not)eating. Pregnant women apply it all the more because there is a greater social consent to the “culinary whims” of women in this state. Unfortunately, eating habitually, under the influence of emotions, or eating restrictions are not a constructive strategy of coping with difficult situations – they do not solve the essence of the problem, but have negative effects on the woman and her child.

The partner, his understanding, acceptance and maturity, play an invaluable role during pregnancy – a period which is full of intense experiences. These features help a woman to accept her own body and alleviate the affective tensions resulting, i. a. from the concern about the health and proper development of the child, the course of childbirth, but also out of concern for problems not directly related to pregnancy (e.g. the economic situation of the family, development and upbringing of other children).

Own research has documented the relationship between the body image and eating behavior of the surveyed women. It was expected that the more negatively the women value their image, the more often they turned towards improper eating behavior – overeating vs. avoiding food.

Similar research results were published by A. Brytek-Matera and A. Rybicka-Klimczyk (2008). They also proved that younger women were more likely to apply dietary restrictions in response to dissatisfaction with their appearance, while older women – to overeat. The authors, explaining the mechanism of these two forms of women’s behavior, claim that the younger ones want to achieve autonomy by controlling their own bodies, while the older ones relieve tension through compensatory behavior.

In the author’s own research, the high level of the “pretty-ugly stereotype” scale positively correlated with the level of emotional and habitual eating, which means that the more the respondent internalizes contemporary beauty standards, the greater the tendency to eat emotionally and habitually. These results contradict some reports by other authors. It has been proved, for example (Kuleta et al., 2006; Ziółkowska, Ocalewski, 2021) that the stronger the cultural message regarding the ideals of beauty in the form of pressures from the media or

the expectations of relatives, the greater the tendency to engage in behaviors aimed at weight reduction by taking dietary restrictions.

The authors' own research also revealed that a high level of perceived "environmental criticism" and a worse attitude to a healthy lifestyle favors the manifestation of abnormal eating behavior by the respondents, both in the form of overeating and food restrictions. This conclusion is confirmed in the works of other researchers (Stice, Whitenton, 2002, after: Kuleta, 2008), who indicate that the lack of acceptance by the loved ones, especially the partner, may cause excessive criticism towards one's own body, which in turn may result in incorrect eating behavior.

Moreover, the existence of a significant relationship between the woman's satisfaction with the partner relationship and her eating behavior was confirmed, predicting that women who do not find satisfaction in the relationship are more likely to cope with this type of frustration through improper eating behavior. This conclusion is consistent with the reports of other researchers. It turns out that excessive food intake is a response to negative emotions that accompany, for example, interpersonal conflicts (Szczygieł, Kadzikowska-Wrzošek, 2014). Often, such behavior can be observed in people who experience the so-called "emotional hunger" (Czeczor, Brytek-Matera, 2017). In 2016, a study was conducted (Kozłowska et al., 2017) aimed at analyzing the importance of negative emotions for the diet of young people. It has been shown that snacking is one of the strategies of coping with a stressful situation, which is particularly eagerly chosen by women (51%). Men show a much lower tendency to eat under stress (only 25% of the respondents). Additionally, women eat food also when they experience depression (56% of respondents). The same conclusions were obtained by S. Kryśka, A. Rej-Kietła (2013), who showed that almost 38% of respondents admitted to eating their emotions and sneaking in stressful or conflict situations.

It was also checked whether the satisfaction with the partner relationship is related to the body image. It was expected that the subjectively perceived low satisfaction with the relationship would be accompanied by an unfavorable body image. This prediction turned out to be correct; the higher the level of "conflicts" (partner relationship satisfaction scale), the higher the score on

the "cognition-emotions" scale (one of the dimensions of the "body image" variable). Moreover, the low score of the "perceived support" from the partner was related to the high sense of "body criticism" from the environment. It has also been noticed that a negative assessment of their own body occurs in respondents who assess the depth of the relationship with their partner as negative. These results are consistent with the reports of other authors emphasizing the importance of social relationships, especially intimate relationships for the assessment of the physical self (Paap, Gardner, 2011). Importantly, a valuable partner relationship can positively affect the body image, but being in a stable relationship does not protect the individual from experiencing dissatisfaction with the body. Only successful intimate relationships in a subjective assessment protect women from social pressure regarding the ideal of beauty, and the sense of closeness and bond strengthens the positive aspects of the body image (Laus et al., 2018; Notari et al., 2017).

The cult of beauty and a slim figure means that women (also in the perinatal period) may feel discomfort due to their own appearance, and as a result of negative affect – reach for food or apply dietary restrictions. However, remaining in a safe, satisfactory relationship with a partner, experiencing his acceptance and support, may become an important determinant of forming / maintaining a positive assessment of one's own image.

For many mothers, the evolution of their bodies during pregnancy is a remarkable experience that they fully approve of. However, it is worth providing support to those for whom the psychophysiological processes they face and their visible consequences are difficult (Wojdyła, Żurawicka et al., 2019). In such a situation, it would be beneficial to educate women and their partners to prepare for the natural changes accompanying the period of pregnancy and puerperium, to equip mothers with constructive strategies for coping with emotions and stress, and to prepare for the fact that returning to the pre-pregnancy shape requires time and reasonable, pro-health actions. It is also important to support young parents in solving problems in their mutual relations, because women who are not satisfied with their relationship show not only a greater tendency to show unconstructive behavior towards their own body, but also to eat, which is dangerous especially during pregnancy and puerperium for the health of both mum and her baby.

## Bibliography

- Bohom, C., Stice, E., Spoor, S. (2009). Female emotional eaters show abnormalities in consummatory and anticipatory food reward: a functional magnetic resonance imaging study, *International Journal of Eating Disorder*, 42(3), 210-21, <https://doi.org/10.1002/eat.20615>
- Brytek-Matera, A. (2008). *Obraz ciała – obraz siebie. Wizerunek własnego ciała w ujęciu psychospołecznym*, Warszawa, Difin. ISBN: 978-83-7251-939-9.
- Brytek-Matera, A., Czepczor, K., Modrzejewska, A. (2021). Związek między zachowaniami żywieniowymi, obrazem ciała a dysregulacją emocjonalną: podobieństwa między osobami z nadmierną i prawidłową masą ciała, *Psychiatria Polska*, 55 (5), 1065–1078, <https://doi.org/10.12740/PP/118816>
- Brytek-Matera, A., Rybicka- Klimczyk, A. (2008). Wizerunek ciała i jego wymiary, aspekty behawioralne zaburzeń odżywiania u zdrowych kobiet w różnych fazach rozwojowych, *Endokrynologia, Otyłość, Zaburzenia Przemiany Materii*, 4 (4), 143-151. ISSN: 1734-3321, <https://journals.viamedica.pl/eoizpm/article/view/26030>
- Cash, T., Pruzinsky, T. (1990). *Body Image: A Handbook of Science, Practice and Prevention*, Guilford Press, 1<sup>st</sup> edition. ISBN-10: 089862438X.
- Czepczor, K., Brytek-Matera, A. (2017). *Jedzenie pod wpływem emocji*, Warszawa: Wydawnictwo Difin. ISBN: 978-83-8085-393-5.
- Evers, C., de Ridder, D.T.D., Adriaanse, M.A. (2009). Assessing yourself as an emotional eater: Mission impossible? *Health Psychology*, 28(6), 717-725, <https://doi.org/10.1037/a0016700>
- Fraś, M., Gniadek, A., Poznańska-Skrzypiec, J., Kadłubowska, M., Gajtkowska, M. (2016). Rola matki jako obszar dylematów współczesnych kobiet. Badania własne. *Przegląd Pedagogiczny*, (1), 77-90, <http://www.h-ph.pl/pdf/hyg-2012/hyg-2012-4-412.pdf>
- Fuller-Tyszkiewicz, M., Skouteris, H., Watson, B.E., Hill, B. (2012). Body dissatisfaction during pregnancy: A systematic review of cross-sectional and prospective correlates, *Journal of Health Psychology*, 18, 1411-1421, <https://doi.org/10.1177/1359105312462437>
- Gajtkowska, M. (2016). Rola matki jako obszar dylematów współczesnych kobiet. Badania własne, *Przegląd Pedagogiczny*, 1, 77-90, <http://cejsh.icm.edu.pl/cejsh/element/bwmeta1.element.desklight-a5b26c48-f846-4829-8684-99ad39eddb4>
- Gebuza, G., Kazimierczak, M., Mieczkowska, E., Gierszewska, M. (2018). Wsparcie społeczne jako determinant zadowolenia z życia u kobiet w okresie ciąży i po cesarskim cięciu, *Psychiatria Polska*, 52(3), 585-598, <https://doi.org/10.12740/PP/OnlineFirst/64194>
- George, D., Mallery, P. (2019). *IBM SPSS Statistics 19 Step by Step a Simple Guide and Reference, 13 edition*, Routledge. ISBN: 9780205985517.
- Głębocka, A. (2009). *Niezadowolone z wyglądu a rozpaczliwa kontrola wagi*, Kraków: Oficyna Wydawnicza „Impuls”. ISBN: 9788375871548.
- Harasim-Piszczatkowska, E., Krajewska-Kułak, E. (2017). Pregoreksja – anoreksja kobiet ciężarnych, *Pediatrics i Medycyna Rodzinna*, 13 (3), 363–367, <https://doi.org/10.15557/PIMR.2017.0038>
- Ilska, M. (2018). *Rola zasobów indywidualnych i relacyjnych w budowaniu dobrostanu kobiet w ciąży prawidłowej i wysokiego ryzyka*, Katowice, Uniwersytet Śląski w Katowicach, Wydział Pedagogiki i Psychologii (rozprawa doktorska).
- Ilska, M., Przybyła-Basista, H. (2020). The role of partner support, ego-resiliency, prenatal attitudes towards maternity and pregnancy in psychological well-being of women in high-risk and low-risk pregnancy, *Psychology of Health Medicine*, 25, 630–638, <https://doi.org/10.1080/13548506.2020.1737718>
- Izdorczyk, B., Rybicka-Klimczyk, A. (2009). Środki masowego przekazu i ich rola w kształtowaniu wizerunku ciała u zróżnicowanych wiekiem życia kobiet polskich (analiza badań własnych), *Pediatrics i Medycyna Rodzinna*, 11(3), 20-32.
- Jakubowska, H. (2016). Kontrolowanie formy ciężarnego ciała, *Acta Universitatis Lodzensis Folia Sociologica*, 58, 89-102, <https://doi.org/10.18778/0208-600X.58.05>
- Jaworski, M., Fabisiak, A. (2017). Psychospołeczne determinanty wyboru żywności, *Zeszyty Naukowe Uczelni Vistula*, 54 (3), 17-29. ISSN: 2353-2688.
- Kobiołka, A., Goraus, M., Mężyk, I., Skrzypulec-Plinta, V., Kazimierczak, M., Urbańska, M. (2015). Wpływ ciąży na zmianę nawyków żywieniowych kobiet w wieku rozrodczym, *Zdrowie i Dobrostan*, 2, 187-205.
- Kolańska, M. (2016). Obraz ciała a przekonanie o własnej skuteczności u sportowców i aktorów teatralnych, *Psychologiczne Zeszyty Naukowe Uniwersytetu Zielonogórskiego, Człowiek w całości kształcie życia: rodzina – edukacja – praca*, 2, 115-129, [https://zbc.uz.zgora.pl/Content/54327/8\\_kolanska\\_obraz.pdf](https://zbc.uz.zgora.pl/Content/54327/8_kolanska_obraz.pdf)
- Kozłowska, K., Śnieżek, A., Winiarska-Mieczan, A., Rusinek-Prystupa, E., Kwiecień, M. (2017). Wpływ czynników stresogennych na odżywianie, *Problemy Higieny i Epidemiologii*, 98 (1), 57-62, <http://www.phie.pl/pdf/phe-2017/phe-2017-1-057.pdf>
- Kryska, S., Rej-Kietla, A. (2013). Wiedza mieszkańców województwa śląskiego na temat kompulsywnego objadania się, *Zdrowie Publiczne i Zarządzanie*, 11(3), 279-283, <http://cejsh.icm.edu.pl/cejsh/element/bwmeta1.element.ojs-issn-2084-2627-year-2013-volume-11-issue-3-article-3465>
- Kuleta, M. (2008). Społeczno- kulturowe i osobowościowe uwarunkowania obrazu własnego ciała. [https://ruj.uj.edu.pl/xmlui/bitstream/handle/item/85249/kuleta\\_spoleczno-kulturowe\\_i\\_osobowosciowe\\_uwarunkowania\\_2008.pdf](https://ruj.uj.edu.pl/xmlui/bitstream/handle/item/85249/kuleta_spoleczno-kulturowe_i_osobowosciowe_uwarunkowania_2008.pdf)
- Kuleta, M., Krzemionka-Brózda, D., Wasilewska, M. (2006). The Influence of Sociocultural and Personality Factors on Body Image – Healthy Implications, *Polish Journal of Environmental Studies*, 15, 2B, 392–396.
- Laus, M.F., Almeida, S.S., Klos, L.A. (2018). Body image and the role of romantic relationships, *Cogent Psychology*, 5(1), 1-16, <https://doi.org/10.1080/23311908.2018.1496986>
- Marzęcka, A. (2015). *Badanie sposobu żywienia, preferencji pokarmowych, wiedzy żywieniowej, aktywności fizycznej i stanu odżywiania kobiet w ciąży*, Poznań, Uniwersytet Medyczny im. Karola Marcinkowskiego w Poznaniu (rozprawa doktorska).
- Meireles, J.F., Neves, C.M., de Carvalho, P.H., Ferreira, M.E. (2015). Body dissatisfaction among pregnant women: An integrative review of the literature. *Ciência Saúde Coletiva*, 20, 2091–2103, <https://doi.org/10.1590/1413-81232015207.05502014>
- Niewiadomska, I., Kulik, A., Hajduk, A. (2005). *Jedzenie. Seria uzależnienia. Fakty i mity*, Lublin: Wydawnictwo KUL.
- Notari, S.C., Notari, L., Favez, N., Delaoye, J.F., Ghisletta, P. (2017). The protective effect of a satisfying romantic relationship on women’s body image after breast cancer: a longitudinal study, *Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, 26(6), 836-842, <https://doi.org/10.1002/pon.4238>

- Ogińska-Bulik, N. (2004). *Psychologia nadmiernego jedzenia: przyczyny, konsekwencje, sposoby zmiany*, Łódź: Wydawnictwo Uniwersytetu Łódzkiego. ISBN: 9788379692965.
- Ogińska-Bulik, N. (2016). *Wiem co jem. Psychologia nadmiernego jedzenia i odchudzenia*, Łódź: Wydawnictwo Uniwersytetu Łódzkiego. ISBN: 978-83-8088-347-5.
- Okój, A. (2018). „Czego nie wiem, tego się lękam”. Wyobrażenia młodych kobiet na temat porodu i połogu, *Miscellanea Anthropologica et Sociologica*, 19(2), 147-163. e-ISSN 2354-0389.
- Paap, C., Gardner, R. (2011). Body image disturbance and relationship satisfaction among college students, *Personality and Individual Differences*, 51, 6, 715-719, <https://doi.org/10.1016/j.paid.2011.06.019>
- Pieczkolan, A., Fils, E., Bień, A. (2017). Zaburzenia odżywiania a ciąża, *Pielęgniarstwo i Zdrowie Publiczne*, 7(3), 223-226. ISSN: 2082-9876.
- Połocka-Molińska, M., Jakóbczak, B., Plagens-Rotman, K. (2017). Wpływ nietrzymania moczu na jakość życia kobiet, *Polski Przegląd Nauk o Zdrowiu*, 2(51), 161-167, <https://doi.org/10.20883/ppnoz.2017.21>
- Przybyła-Basista, H., Kwiecińska, E., Iłska, M. (2020). Body Acceptance by Pregnant Women and Their Attitudes toward Pregnancy and Maternity as Predictors of Prenatal Depression, *International Journal of Environmental Research and Public Health*, 17, 9436, <https://doi.org/10.3390/ijerph17249436>
- Pudło, H., Respondek, M. (2016). Programowanie żywieniowe-wpływ odżywiania kobiet w ciąży na zdrowie dziecka, *Journal of Education, Health and Sport*, 6, 7.
- Sapkota, S., Kobayashi, T., Takase, M. (2013). Impact on perceived postnatal support, maternal anxiety and symptoms of depression in new mothers in Nepal when their husbands provide continuous support during labour, *Midwifery*, 29(11), 1264-1271, <https://doi.org/10.1016/j.midw.2012.11.010>
- Schilder, P. (1950). *The image and appearance of the human body*. 1<sup>st</sup> Edition. London: Routledge. <https://doi.org/10.4324/9781315010410>
- Silveira, M.L., Ertel, K.A., Dole, N., Chasan-Taber, L. (2015). The role of body image in prenatal and postpartum depression: A critical review of the literature, *Archives of Women's Mental Health*, 18, 409-421, <https://doi.org/10.1007/s00737-015-0525-0>
- Skorupińska, A., Sekuła, N. (2017). Zmiany zachodzące w organizmie kobiet w ciąży. *Kosmetologia Estetyczna*, 3,6, 283-286.
- Śliwerski, A., Kossakowska, K., Jarecka, K., Świtalska, J., Bielawska-Batorowicz, E. (2020). The effect of maternal depression on infant attachment: A systematic review, *International Journal of Environmental Research and Public Health*, 17, 2675, <https://doi.org/10.3390/ijerph17082675>
- Suwalska-Barancewicz, D. (2018). Jakość związku partnerskiego, a satysfakcja z życia młodych matek-mediacyjna rola samooceny, *Psychologia Rozwojowa*, 23, 2, 49-65, <https://doi.org/10.4467/20843879PR.18.010.8944>
- Suwalska-Barancewicz, D., Liberska, H., Izdebski, P. (2015). The Quality of Relationships Inventory - polska adaptacja, *Psychologia Rozwojowa*, 20 (1), 91-105, <https://www.ejournals.eu/Psychologia-Rozwojowa/2015/Numer-1-2015/art/4978/>
- Szczygieł, D., Kadzikowska-Wrzošek, R. (2014). Emocje a zachowania żywieniowe-przegląd badań. *Zeszyty Naukowe Akademii Morskiej w Gdyni*, 86, 69-79, <https://sj.umg.edu.pl/sites/default/files/ZN322.pdf>
- Wojdyła, Z., Żurawicka, D., Łuczak, I., Zimnowoda, M. (2019). Zaburzenia zdrowia psychicznego u kobiet w okresie ciąży, porodu i połogu, *Wybrane aspekty opieki pielęgniarskiej i położniczej w różnych specjalnościach medycyny*, 7, 197-205, [https://dbc.wroc.pl/Content/73056/wybrane\\_aspekty\\_7.pdf](https://dbc.wroc.pl/Content/73056/wybrane_aspekty_7.pdf)
- Wróbel, R. (2019). *Ocena stanu biopsychospołecznego kobiet w okresie przedporodowym*, Rzeszów, Uniwersytet Rzeszowski (rozprawa doktorska).
- Zarychta, K., Chan, C.K.Y., Kruk, M. et al. (2020). Body satisfaction and body weight in under- and healthy-weight adolescents: mediating effects of restrictive dieting, healthy and unhealthy food intake. *Eating and Weight Disorders*, 25, 41-50, <https://doi.org/10.1007/s40519-018-0496-z>
- Ziółkowska, B. (2009). Dlaczego (nie) jemy? Psychologiczne uwarunkowania stosunku do pokarmu, (w:) B. Ziółkowska (red.), *Opętanie (nie)jedzeniem*, Warszawa: Wydawnictwo Naukowe SCHOLAR. ISBN: 978-83-7383-388-3.
- Ziółkowska, B., Weber, M. (2022), (w przygotowaniu). Psychologiczne determinanty sposobu żywienia, (w:) J. Gawęcki, W. Roszkowski (red.), *Żywnienie człowieka a zdrowie publiczne*, Warszawa: PWN.
- Ziółkowska, B., Ziółkowska, K. (2020). Obraz ciała u kobiet w ciąży oraz w połogu w zależności od zaangażowania w aktywność fizyczną, *Kwartalnik naukowy Fides et Ratio*, 1(41), 113-128, <https://doi.org/10.34766/fetr.v41i1.245>