



***Corporeality Affected by the Loss of a Loved One –  
Manifestations of the Body in the Experiences of Former  
Wards of Social Rehabilitation Centers  
Cielesność porażona utratą bliskiej osoby –  
manifestacje ciała w doświadczeniach byłych wychowanek  
placówek resocjalizacyjnych***

**ABSTRACT**

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**RESEARCH OBJECTIVE:** The aim of the study was to investigate the bodily dimension of the loss of a loved one and ways of dealing with such an experience manifested in action.

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**THE RESEARCH PROBLEM AND METHODS:** The main research problem was formulated as a question: How do former wards of social rehabilitation centers experience and what meaning do they assign to the death of a loved one? The study used the biographical method, while the auto-biographical narrative interview was used for data acquisition.

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**THE PROCESS OF ARGUMENTATION:** The theoretical framework of this study on the boundary situation of the death of a loved one is Karl Jasper's approach as well as Edith Stein's theory of empathy, from which analytical codes were derived was discussed.

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**RESEARCH RESULTS:** The death of a loved one experienced as a loss generates feelings that manifest in bodily forms of expression. The suffering resulting from the loss led to the development of new patterns of action: escapist and developmental-escapist.

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**CONCLUSIONS, INNOVATIONS, AND RECOMMENDATIONS:** The basic conclusion is that the loss of a love one as a boundary situation, when one is not looked after and lives alone leads to abnormal social functioning. Thus, such experiences should arouse a great deal of attention from people caring for children and youth.

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→ **KEYWORDS:** death of a loved one, biographical research, moral degeneration, corporality, boundary situations

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## STRESZCZENIE

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**CEL NAUKOWY:** Celem badania było poznanie cielesnego wymiaru doświadczanej utraty ważnej osoby oraz sposobów radzenia sobie z takim doświadczeniem przejawiających się w działaniu.

**PROBLEM I METODY BADAWCZE:** Główny problem badawczy ujęto w postaci pytania: Jak doświadczają i jakie znaczenie nadają śmierci bliskiej osoby byłe wychowanki placówek resocjalizacyjnych w perspektywie ich indywidualnych doświadczeń biograficznych? W badaniach wykorzystano metodę biograficzną, natomiast techniką pozyskiwania danych uczyniono autobiograficzny wywiad narracyjny.

**PROCES WYWODU:** Omówiono teoretyczne ramy badań własnych będące rozważaniami na temat sytuacji granicznej, jaką jest śmierć bliskiej osoby w ujęciu Karla Jaspersa oraz zagadnienie wczucia Edyty Stein, z których wyprowadzono kody analityczne.

**WYNIKI ANALIZY NAUKOWEJ:** Śmierć bliskiej osoby doświadczana jako utrata generuje uczucia, które manifestują się w cielesnych formach wyrazu. Cierpienie wynikające z utraty bliskiej osoby doprowadziło do wypracowania nowych wzorów działania – unikowego i rozwojowo-unikowego.

**WNIOSKI, INNOWACJE, REKOMENDACJE:** Podstawowym wnioskiem jest to, że utrata bliskiej osoby jako doświadczenie graniczne, niezaopiekowane i przeżyte w samotności prowadzi do nieprawidłowego funkcjonowania społecznego. Tym samym doświadczenie takie powinno wzbudzać bardzo dużą uważność osób sprawujących opiekę nad dziećmi i młodzieżą.

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→ **SŁOWA KLUCZOWE:** ŚMIERĆ BLISKIEJ OSOBY, BADANIA BIOGRAFICZNE, DEMORALIZACJA, CIELESNOŚĆ, SYTUACJE GRANICZNE

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## Introduction

Searching for the causes of abnormal social development of people who show symptoms of moral degeneration in adolescence and adulthood goes back a long way. Many years of research (see Stone et al., 2021; Korn et al., 2022) have identified a number of factors that can promote such a process. The death of a loved one is mentioned as one of these factors.

In the Polish, as well as international, academic literature, this factor is described as negatively affecting a child's social development. Quantitative researchers point to significantly statistical associations between the death of parent(s) and the development of such behavior in children as substance abuse, running away from home, destruction of property, theft, suspension and/or expulsion from school (Feigelman et al., 2017). A study by E. Björkenstam et al. (2019) showed that a child's experience of multiple risk factors (death of a parent, separation, parental substance abuse, etc.) considerably increases his or her risk of committing a violent crime in early adulthood. Qualitative researchers, when analyzing the individual stories of respondents, describe the death of a loved one

as an experience that the respondents themselves define negatively, and which can activate many other risk factors inherent in the family (Łoś, 2011) and adversely alter the course of the respondents' biographies (Jaros, 2022).

Since child development is affected as much by the child's biology and psyche as the environment, the causes of abnormal social development should be sought carefully. Usually several factors interfere with a child's normal social functioning. While these factors are intertwined, only one of them, the most important and intense, is called the dominant cause (Lewandowska, 2021). This begs the question of whether the death of a loved one can be the dominant cause in the development of antisocial behavior? The analyses attempted in this article are part of the discussion on the death of a loved one and the impact of such an experience on the functioning of children and adolescents. Thus, this study seeks to understand the bodily aspect of the loss of a loved one and the ways of coping with it as manifested in the body.

The subject of our study was the experiences of adult women who were raised in resocialization institutions during adolescence. The theoretical framework of the research is K. Jaspers' reflections on the death of a loved one as a boundary situation, and Edith Stein's interpretations of the body, according to which the death of a loved one is one of the most painful losses in life, which causes absolute loneliness. The experience of such a loss manifests itself in the body through sensations or feelings, as well as from the body through tears, blushing or acts of will manifested in action.

## Methodology

The cognitive perspective in this study is the interpretative paradigm and the strategy of qualitative research (Rubacha, 2008). The main research question is as follows: how do former wards of rehabilitation institutions experience and assign meaning to the death of a loved one in terms of their individual biographical experiences?

Two specific questions resulting from the main question were also asked:

1. How do the women surveyed experience the death of a loved one in the body?
2. What actions did the women take in response to the death of a loved one, and which of these actions promoted the process of moral degeneration?

Conducting interviews with people who have been subjected to punitive measures, for example, means that the researcher must look for people who have had this kind of experience (Flick, 2010), so the study used purposive sampling. We used the biographical method, which offers access to information about the narrator's past, present and future (Cieślakowska-Ryczko, 2021). The data was collected, in turn, using the autobiographical narrative interview by Fritz Schütze.

The autobiographical narrative interview follows strictly defined phases (Schütze, 2012). In the initial phase, a rapport is established with the narrator and an "incentive" (the prompt for the story) is provided. The next phase is the main story telling, where the researcher does not ask any questions, only assumes the role of an active listener and

lets the respondent talk about his or her life. The third phase of the interview is internal questions: when the respondent gives a clear signal that he or she has finished his or her story (KODA), the researcher asks immanent questions that deal only with the topics covered in the main story phase. The final stage is the exmanent question phase (the researcher, using a list of questions, asks them referring to topics that the respondent has not mentioned, but which are relevant to the research problem).

The study was conducted between 2016 and 2017 in various cities in Poland. In the first phase of the study, so-called gatekeepers (educators of juvenile correctional centers<sup>1</sup>) were asked to act as intermediaries in contacting former wards who had been outside institutional supervision for a minimum of three years. Those women who consented provided their phone numbers through the educators. Autobiographical interviews were conducted with ten women (the youngest respondent was 21 and the oldest was 57). The women themselves decided on the place and time of the meeting. With the consent of the narrators, the interviews were recorded and transcribed while preserving all features of the respondents' speech. The transcriptions were subjected to thematic analysis, and analytical codes were derived from Karl Jaspers' concept of boundary situations and Edith Stein's concept of empathy.

## Death of a loved one as a boundary situation

According to Jaspers' (1978) concept of boundary situations, human life is lived in situations in which each of us experiences worry, concern or suffering. As a rule, we can work through such situations and they do not disrupt our normal functioning. Relying on both innate and acquired coping mechanisms, an individual produces both specific patterns of thought and action that create a sense of security (Rychter, 2019).

However, there are situations that cause shock and fundamental anxiety born out of it, encompassing all dimensions of a person's being and functioning: their body, thinking, emotions, spirituality, and social ties (Polak, 2015). Jaspers calls such situations boundary and defines them as "situations [...] [which – A.J.] are like a wall we run into, a wall on which we founder. We cannot modify them; all that we can do is to make them lucid, but without explaining or deducing them from something else. They go with existence itself" (Jaspers, 1978, p. 188). He includes four common and typical situations that every person encounters in the course of his or her life, i.e. death, suffering, struggle and guilt.

In our analysis, the focus was on one of them, namely the death of a loved one. Jasper recognized that the total nature of the death of a loved one makes it a boundary situation. The death of a loved one, according to the philosopher, is the deepest crack in objectifying life (1978, p. 200). When a loved one dies, a special bond is broken: "existential

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<sup>1</sup> Due to the principle of anonymity, it is impossible to indicate the centers where the narrators surveyed were raised, as revealing them is sensitive data which could help identify the individuals.

communication” (Jaspers, 1978, p. 200). Death breaks this bond permanently, but at the same time bears witness to its truthfulness, through suffering after the loss of a loved one. Lonely after they lose someone close to them, a person becomes trapped in his or her own world, which becomes alien and unpredictable to him or her (Walczak, 2021). Longing and inability to endure separation from a loved one shatter a person’s sense of security. Previous patterns of thinking and acting become reorganized.

In every boundary situation there is both destructive potential and potential for human development. Death of a loved one is filled with extremely distressing emotions that can cause escapist behavior, however, it can also unleash personal, creative potential, the potential to learn about oneself and the world (see Rychter, 2019).

When describing the death of a loved one, one can use the concepts of loss or bereavement. However, these concepts, as M. Okupnik (2018) points out, are not the same. The death of a loved one can be both defined as loss or bereavement, but bereavement is not synonymous with loss. For the purposes of this article, it has been assumed that loss refers primarily (but not exclusively) to material possessions, which, although experienced as distressing, leave faint and impermanent traces (Skarga, 2002, pp. 89-90). In contrast, bereavement defines the state of the self in a crisis situation – the death of a loved one – entailing a whole series of other losses and bereavements (i.e. loss of property, lowering of living standards, change of social position or previous image, etc.) (Okupnik, 2018, pp. 51-52). Importantly, the loss is accompanied by feelings of emptiness, meaninglessness and suffering. With the loss of a loved one, the world changes but does not end (Okupnik, 2018, p. 78).

The death of a loved one, as a boundary situation, generates a great deal of difficult feelings. These feelings, according to Edith Stein, demand their expression in acts of will or action.

## The body as a carrier of feeling and the willing Self – the views of Edith Stein

In her work “On the Problem of Empathy,” Stein centered her academic interests on the subject of the human person. Stein, like Husserl, used the concept of the body in two senses in her works: *Körper* – which refers to its external manifestation, as the body, an object or material object – and *Leib* – which refers to its internal dimension, associated with vitality, feeling, and sensation, which is defined in this article as corporeality. The body, according to Stein, belongs to a person in two ways: through external sensations and internal perceptions (Okupnik, 2018). It is the carrier of fields of sensation, the zero point of spatial orientation, is made up of moving organs and can move voluntarily (Stein, 2014). However, what is especially important, given the subject matter of this article, is that the body is also a carrier of feelings and will (the willing Self) (Mietelski, 2018).

When defining feelings, the disciple of Husserl points out that they are not contained, but are charged with energy that must discharge itself (Stein, 2014, p. 135).

This discharge is possible in both corporeal and incorporeal ways. The corporeal form of “discharge” of feelings is the expression (blushing with shame) and acts of will and/or action. The incorporeal manifestation of feelings is wishes or ideas. Acts of will, like feelings, externalize themselves in action, which are called bodily manifestations in this article. When will and aspiration act against each other, they fight for dominion over the body. The will usually reign over the body and soul, but, as Stein writes, not without experiencing a refusal to obey it (Stein, 2014, p. 141).

The human body, according to Stein, plays an essential role in the expression of feelings. She is not only concerned with the physical dependence of the body and feelings, but also with bodily expression, which is in a vital and meaningful relationship with feelings. This raises the question of what feelings accompany a boundary situation such as the death of a loved one, and in which form of bodily expression do they find their “discharge” in former wards of rehabilitation institutions?

## Results of analysis

Analysis of the collected empirical material revealed that most of the female narrators (7 for N = 10) had experienced the death of a loved one. When recalling this death, they described it as a loss or bereavement. The death of a loved one experienced as a loss left a faint, impermanent trace in the narrators.

*My dad is dead [...] He hung himself when I was two years old. I don't even remember him (N10).*

Such statements were not accompanied by bodily reactions. The acts of expression were not manifested in bodily form.

The narrators talked about bereavement as a difficult experience, in which they experienced very strong, distressing feelings that were discharged in bodily form:

*I saw everything, so I dreamt every night for a while that he was dying and I was seeing it all, so I was deeply, deeply affected by it. At night I cried a lot, I woke up crying, howling, squealing, shrieking (N6).*

Crying and screaming are bodily forms that show the enormity of the suffering experienced after the loss of a loved one. However, the loss of a loved one was not always experienced as a negative experience. For some, it was a positive experience, initially accompanied by pleasant feelings. On the one hand, the narrators experienced relief and joy.

*When he died I was happy... I was really [...] relieved [...] in my soul that no one would bully me anymore, no one would insult me, no one would make me feel ashamed (N1).*

On the other hand, their feelings were drowned out by remorse, as the world imposes forms of feeling after the loss of a parent. Separation from the world was not caused by suffering after the death of a loved one, but by inadequacies of feeling, which created a strong sense of guilt and brought suffering.

The narrators were alone with the experience of losing a loved one and felt lonely. *No. No. No one talked to me. I became very withdrawn at that time (N6).*

They experienced more losses and bereavements. They were abandoned by those closest to them.

*After my mother's death, my sister, as they say, hadn't cooled down yet before she had a wedding, got married. She wasn't interested in [...] whether I would cope [...] no (N1).*

Caregivers were falling ill.

*My mother [...] became depressed, she was not prepared to be left alone with two children (N5).*

Their grandparents, aunts, uncles were not interested in them.

*But none of them [distant family – A.J.] ever took an interest, helped, came and checked, for example, whether the children had something to eat (N5).*

Notwithstanding the time that had passed since the death of a loved one (from 10 to 41 years), the narrators visualized this loss in their recollections and reacted to it in a corporeal way. The feelings they experienced resounded in the way they spoke. In their stories describing the loss, their voice modulation changed. They spoke quieter, slower, took longer pauses. Another corporeal form of the feelings they experienced were the tears that accompanied the memories, the weepy voice and the loud sighs.

*And when he died, he died in December, and I said [...] and I still heard him in the morning. He went out and didn't come back, because he fell down in the street, and his heart broke [she says quietly and starts crying – A.J.] 20 s. [pause – A.J.] [...] sorry I always react like this when I talk about my grandfather (N6).*

The acts of expression were not as intense as they were when the actual loss was first experienced, but their presence during self-narration shows that the event was very significant. This event became a boundary experience for them. The loss of a loved one shattered their previous sense of security and became the dominant cause of their antisocial behavior (this is how 6 narrators located the death of a loved one).

*After the death of the grandmother my life was not the same anymore, and it all started with that (N2).*

Their world did not end with the loss of a loved one, but changed. Alone, abandoned, suffering, deprived of a sense of security, they found themselves in situations, in which they had to reorganize their patterns of thinking and acting. The suffering self, striving to regain its lost security, changed its patterns of thinking and acting, which became evident in the manifestations of the body.

According to Stein's views, acts of will and action through which the suffering Self can be soothed are the bodily form of discharging feelings. Analysis of the collected empirical material revealed a number of actions taken by the women studied, which were responses to the loss of a loved one. The goal of these actions was to restore security and offset the suffering experienced. The different experiences recorded in the empirical material made it possible to assign the narrators' actions to two patterns of action (escapist and developmental-escapist).

The first was an escapist pattern (both in the metaphorical and real sense). Shortly after the death of a loved one, the narrators fled their family homes for the first time.

*When he died, I ran away two months later (N4).*

They escaped from the real world into the world of temporary pleasures that psychoactive substances offered them,

*It was fun to take [drugs – A.J.] (N9)*

into the world of people older than them, who were seeking momentary pleasure and gave them a sense of security.

*This was a group of friends, a lot of people older than me, that impressed me a lot, especially since I was lonely [...] and then cigarettes, alcohol started (N7).*

Taking psychoactive substances allows one to put oneself in a state of bliss, of heightened mood. Moreover, it also allows one to compensate for distressing emotional states. Such substances are a dangerous means of “treating” bodily suffering, because while bringing temporary improvement in mood, in the long term they intensify emotional excitability and depressive states involving feelings of sadness and hopelessness (Pasternak et al., 2015).

The second developmental-escapist pattern consisted of two stages.

In the first stage, in an effort to eliminate suffering and restore lost security, the narrators focused their actions on seeking bodily sensations from the outside world. They became concentrated on learning.

*For three years after the death of my grandfather, I mean until the first year of middle school even, I got good grades, school certificates with honors (N6).*

They created a semblance of security by taking over the duties of their adult guardians.

*I, meanwhile, took over my mother's duties, that's what happens to young children who are not cared for, well I also took over my brother's care (N5).*

They also sought relief from suffering in faith.

*There was a time when I used to go to church and just pray there, and that helped me forget for a while (N9).*

Focusing on school, faith or fulfilling adult responsibilities must have had a developmental value. But their actions did not eliminate suffering or restore security. Moreover, they were losing willpower. The willing Self did not obtain pleasure and satisfaction from such actions, and even if it did, such sensations were incommensurate with the persistent suffering. Thus, the narrators' actions changed their course. They chose the direction of escape into quick pleasure.

*I was looking for some kind of respite, to catch air [...] an outlet for emotions [...].*

*Well, unfortunately I ended up with a group, that was not too nice, right? because the guys were doing drugs, drinking, partying (N6).*

Alcohol, drugs, nicotine, truancy, fights, company of degenerate people changed the narrators' bodily experiences. This world gave them a sense of security, pleasure, an escape from suffering. However, ultimately, the narrators' behaviors in response to the loss of a loved one, by the decisions of family court judges, under the laws in effect at the time, were considered a manifestation of moral degeneration.



## Conclusions<sup>2</sup>

An analysis of the narrators' life experiences showed that the death of a loved one can be experienced as a loss that leaves only a faint trace in memory, or a bereavement with which the world does not end, but changes very significantly. The bereavement, in addition to suffering and a sense of loneliness, was accompanied by numerous losses and bereavements. This was also confirmed in the study of Okupnik (2018).

The article also indicates that very difficult and distressing feelings arose at the time of the loss of a loved one, which manifested themselves in bodily forms of expression. The tremendous importance of this event was confirmed by the acts of expression that the subjects experienced when telling their life story. Both the nature of the feelings that they experienced and the patterns of action that became activated in response to the loss of a loved one confirm that the death of such a person was a boundary experience for the subjects, which required them to reorganize their previous patterns of action. The narrators, while not remaining passive in the boundary situation, developed two patterns of action: an escapist and a developmental-escapist pattern. Ultimately, each of them led them to develop behavior that was a sign of moral degeneration.

The negative impact of the death of a loved one on a child's social development has been confirmed in research (see Feigelman et al. 2017; Jaros, 2022), but the analysis made in this article showed that for most of the women studied, in their lifelong biographical experiences, the loss of a loved one was experienced as the dominant cause of the development of antisocial behavior.

The basic conclusion from the study is that the loss of a loved one should increase the attention and generate action by those who care for children and adolescents. Both the child and his or her caregivers should be provided with effective forms of support, including: parenting counseling, where caregivers, while receiving support, learn to support their children in a situation of loss; individual and family sessions conducted by psychologists, as well as children's participation in support groups addressed to those experiencing loss (see Bergman et al., 2017).

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<sup>2</sup> The generalizations presented in the article refer primarily to the studied population, but they can be treated as hypotheses that can be tested in subsequent studies on representative samples.

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